

PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ☐ and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CALUNANGAN		
FIRST NAME	VICTOR FELINO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CRUZA		
3. DATE OF BIRTH (mm/dd/yyyy)	9/14/1991	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Zone 2 House/Block/Lot No. Street Guadalupe Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.7	ZIP CODE	6521
8. WEIGHT (kg)	75	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
9. BLOOD TYPE	O+	ZIP CODE	
10. GSIS ID NO.	NA	19. TELEPHONE NO.	563-1430
11. PAG-IBIG ID NO.	1212 7280 2191	20. MOBILE NO.	09205245032
12. PHILHEALTH NO.	120253908098	21. E-MAIL ADDRESS (if any)	vfccalunangan@gmail.com
13. SSS NO.	0635802194		
14. TIN NO.	745 879 046 000		
15. AGENCY EMPLOYEE NO.	NA		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CALUNANGAN		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	APRIL GAYLE	NAME EXTENSION (JR., SR)	VICTOR MODESTO V. CALUNANGAN	12/12/2019
MIDDLE NAME	VALENCIA		AVRIL SHEFAYE V. CALUNANGAN	4/19/2022
OCCUPATION	INSTRUCTOR			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	VSU, BAYBAY CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CALUNANGAN			
FIRST NAME	VICTOR	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DELA PEÑA			
25. MOTHER'S MAIDEN NAME	FE LAPLANA CRUZA			
SURNAME	CALUNANGAN			
FIRST NAME	FE			
MIDDLE NAME	CRUZA		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	VISCA FOUNDATION ELEMENTARY SCHOOL	NA	1998	2004	NA	2004	
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGHSCHOOL	NA	2004	2008	NA	2008	
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	
COLLEGE	UNIVERSITY OF CEBU METC	BS. IN MARINE TRANSPORTATION	2011	2017	NA	2017	
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MAY 18, 2022
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	
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DATE

MAY 18, 2022

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]






(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Driving	NA	Kabalikat Civicom 938 Chapter
Good Communication Skills		
Ability to work under pressure		
Time Management		
MS Office Proficient (Word, PPT, Excel)		

(Continue on separate sheet if necessary)

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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>RENATO A. MAALA</td> <td>VSU, BAYBAY CITY, LEYTE</td> <td>9606090137</td> </tr> <tr> <td>NORMA O. VILLAS</td> <td>VSU, BAYBAY CITY, LEYTE</td> <td>9061023570</td> </tr> <tr> <td>DILBERTO O. FERRAREN</td> <td>VSU, BAYBAY CITY, LEYTE</td> <td>9176341488</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	RENATO A. MAALA	VSU, BAYBAY CITY, LEYTE	9606090137	NORMA O. VILLAS	VSU, BAYBAY CITY, LEYTE	9061023570	DILBERTO O. FERRAREN	VSU, BAYBAY CITY, LEYTE	9176341488
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<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>													
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<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  PHOTO </div> <div style="text-align: center;">  Right Thumbmark </div> </div>													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 10px auto; text-align: center; line-height: 50px;"> Person Administering Oath </div>													