

PERSONAL DATA SHEET

WARNING: Any misrepresentation 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	PASA			
FIRST NAME	ELIZABETH	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DIZON N/A			
3. DATE OF BIRTH (mm/dd/yyyy)	01/15/1994	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	BRGY., BIASONG, BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.		
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:			
7. HEIGHT (m)	1.524 m	17. RESIDENTIAL ADDRESS	PUROK 1 SAGKAAN	
8. WEIGHT (kg)	40 kg		House/Block/Lot No.	Street
9. BLOOD TYPE	A+			BIASONG
10. GSIS ID NO.	2006340375		Subdivision/Village	Barangay
11. PAG-IBIG ID NO.	1211-4771-9918		BAYBAY	LEYTE
12. PHILHEALTH NO.	12-051454819-1	City/Municipality	Province	
13. SSS NO.	0637123787	ZIP CODE	6521	
14. TIN NO.	322-989-480-000	18. PERMANENT ADDRESS	N/A PUROK 1 SAGKAAN	
15. AGENCY EMPLOYEE NO.	V02112	19. TELEPHONE NO.	N/A	
		20. MOBILE NO.	09280831200	
		21. E-MAIL ADDRESS (if any)	elyoung231@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PASA			
FIRST NAME	MARCIAL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CALDERON			
25. MOTHER'S MAIDEN NAME				
SURNAME	DIZON			
FIRST NAME	PERLITA			
MIDDLE NAME	ASEGENTE		(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 graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	HIPUSNGO ELEMENTARY SCHOOL	PRIMARY EDUCATION	2001	2006	GRADUATED	2006	WITH HONOR
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	20016	2010	GRADUATED	2010	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF CEBU-BANILAD CAMPUS	BACHELOR OF SCIENCE IN ACCOUNTANCY	2010	2010	UNITS EARNED	N/A	N/A
	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2011	2015	GRADUATED	2015	NONE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 30, 2024
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
N/A		N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ACCOUNTING FOR NON-ACCOUNTANTS TRAINING	10/23/2023	10/26/2023	32 HOURS	TECHNICAL TRAINING	COA RO No. VIII, Candahug, Palo, Leyte
	ISO 9001:2005 AWARENESS/RE-AWARENESS WEBINAR	08/29/2023	08/29/2023	8 HOURS	QUALITY TRAINING	Visayas State University, Visca, Baybay, Leyte
	MENTAL HEALTH WELLNESS SEMINAR	04/25/2023	04/25/2023	4 HOURS	SOFT-SKILLS DEVELOPMENT	RDE HALL, VSU, Baybay City, Leyte
	ISO 9001:2005 AWARENESS/RE-AWARENESS SEMINAR	08/30/2022	08/31/2022	16 HOURS	QUALITY TRAINING	RDE HALL, VSU, Baybay City, Leyte
	HANDS-ONLY CARDIOPULMONARY RESUSCITATION	07/21/2022	07/22/2022	16 HOURS	SAFETY TRAINING	Visayas State University, Visca, Baybay, Leyte
	DATA PRIVACY ACT OF 2012 AWARENESS SEMINAR	04/07/2022	04/07/2022	8 HOURS	QUALITY TRAINING	Visayas State University, Visca, Baybay, Leyte
	KAALAM: CREATIVE FORMS AND NARRATIVES OF THE CONTEMPORARY	03/09/2022	03/09/2022	8 HOURS	TEAM TRAINING	INSTITUTE OF HUMAN KINETICS - VSU
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	COMMUNICATION SKILLS	TOP AGENT FOR THE MONTH OF MARCH FY20 - WIPRO CEBU, PHILIPPINES			N/A	
	COMPUTER SKILLS	TOP AGENT PERFORMER FOR THE Q4 FY19-WIPRO CEBU, PHILIPPINES				
		TOP AGENT FOR THE MONTH OF DECEMBER FY19 - WIPRO CEBU, PHILIPPINES				
		TOP NPS PERFORMER FOR MONTH OF MAY 2017-WIPRO CEBU, PHILIPPINES				
		OUTSTANDING PERFORMANCE FOR JUNE 2016 -WIPRO CEBU, PHILIPPINES				
		TOP NPS CONTRIBUTOR/OUTSTANDING PERFORMANCE WB JULY 23 - WIPRO				
		TOP NPS CONTRIBUTOR/OUTSTANDING PERFORMANCE WB JUNE 18 - WIPRO				
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	May 30, 2024	

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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 items:  a. Are you a member of any indigenous group?  b. Are you a person with disability?  c. Are you a solo parent?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
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41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>NICK FREDDY R. BELLO</td><td>VISAYAS STATE UNIVERSITY</td><td>9353256803</td></tr><tr><td>CECILE ORTIZ</td><td>CEBU CITY</td><td>9229022903</td></tr><tr><td>JEZIEL ELA O. SAYCON</td><td>LABANGON, CEBU CITY</td><td>9070517473</td></tr></table>		NAME	ADDRESS	TEL. NO.	NICK FREDDY R. BELLO	VISAYAS STATE UNIVERSITY	9353256803	CECILE ORTIZ	CEBU CITY	9229022903	JEZIEL ELA O. SAYCON	LABANGON, CEBU CITY	9070517473
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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.													
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <table><tr><td>Government Issued ID:</td><td>PASSPORT</td></tr><tr><td>ID/License/Passport No.:</td><td>P6126008B</td></tr><tr><td>Date/Place of Issuance:</td><td>01/19/2021 -DFA TACLOBAN</td></tr></table>	Government Issued ID:	PASSPORT	ID/License/Passport No.:	P6126008B	Date/Place of Issuance:	01/19/2021 -DFA TACLOBAN	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>May 30, 2024</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	May 30, 2024	Date Accomplished		
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div></div> <div>Person Administering Oath</div>													