

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 () ☐ ☐ 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	AMIHAN		
FIRST NAME	GUADA FE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	DALA		
3. DATE OF BIRTH (mm/dd/yyyy)	December 13, 1982	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Manila	If holder of dual citizenship, please indicate the details.	Philippines
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:	17. RESIDENTIAL ADDRESS	Zone 4 House/Block/Lot No. Street Guadalupe Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	5'3	ZIP CODE	
8. WEIGHT (kg)	70 kgs		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	Zone 4 House/Block/Lot No. Street Guadalupe Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	1670-0103-1907		
12. PHILHEALTH NO.	13-050060739-5		
13. SSS NO.	06-2559362-0	19. TELEPHONE NO.	N/A
14. TIN NO.	249-907-227-000	20. MOBILE NO.	09179606135/09991714163
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	guadafe.amihan@vsu.edu.ph / sweetiefei88@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		NAME EXTENSION (JR., SR)	Gabriel Audie Amihan	12/27/2016
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	AMIHAN			
FIRST NAME	MONICO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CANTEGA			
25. MOTHER'S MAIDEN NAME	DALA			
SURNAME	AMIHAN			
FIRST NAME	DOGINA			
MIDDLE NAME	TABO		(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	VISCA FOUNDATION ELEM. SCHOOL	PRIMARY EDUCATION	1988	1995	N/A	1995	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	1995	1999	N/A	1999	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A		N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS MAJOR IN BUSINESS MANAGEMENT	1999	2004	N/A	2004	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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				DATE		

[illegible]

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		
	NONE				

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

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			
	QMS Risk Assessment and ISO Documentation Training	01 /16 /2019	01 /17/2019	16 hours	DdRC	AGF Training and Consulting Group- Philippines
	Orientation-Workshop for JO Clerks and Laboratory Technicians	01 / 15 /2019	01 / 15 /2019	8 hours	Administrative	VSU-ODAHRD
	Training on Identification of proper and complete items Technical Specification and parameters and Orientation of the Purchase Request (PR) Module	08 /28 /2020	08 /28 /2020	8 hours	Administrative	BAC
	ISO 9001:2015 Awareness/Re-awareness Webinar	27/11/2020	11 / 27 /2020	8 hours	DdRC	QAC
	Re-orientation of Employees' Duties and Responsibilities and Good Customer Service	23/09/2021	10/ 23 /2021	8 hours	Administrative	ODHRM
	ISO 9001:2015 AWARENESS and RE-AWARENESS SEMINAR	8/30/2022	8/30/2022	8 hours	DdRC	QAC
	Re-Orientation on the Documentary Requirements for Financial and Administrative Transactions for Clerks and/or dDRCs/adDRCs	12/05/2022	12/05/2022	8 hours	DdRC	QAC

(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)
	COMPUTER SKILLS		N/A		N/A
	TYPING				

(Continue on separate sheet if necessary)		
SIGNATURE		DATE

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____	
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: _____ 432	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
CHRISTY M. DESADES	VSU, ViSCA, Baybay City, Leyte	09978407423
CHARIS B. LIMBO	VSU, ViSCA, Baybay City, Leyte	09485105847
SHALOM GRACE C. SUGANO	VSU, ViSCA, Baybay City, Leyte	09753403552
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.		

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>
Government Issued ID: TIN No.
ID/License/Passport No.: 249-907-227-000
Date/Place of Issuance: Mandaue City

Signature (Sign inside the box)
Date Accomplished



PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath



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