

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	MANAGBANAG		
FIRST NAME	ANGELICA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CASTILLO		
3. DATE OF BIRTH (mm/dd/yyyy)	01/14/1997	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 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	House/Block/Lot No. Street IPIL Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province 6541
7. HEIGHT (m)	1.5	ZIP CODE	
8. WEIGHT (kg)	52		
9. BLOOD TYPE	AB+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121211321906	18. PERMANENT ADDRESS	House/Block/Lot No. Street SANTA CRUZ Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
12. PHILHEALTH NO.	12-051566725-9		
13. SSS NO.	34-7125401-3	19. TELEPHONE NO.	N/A
14. TIN NO.	341-742-139000	20. MOBILE NO.	+639217089646
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	anjingcasman@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	MANAGBANAG			
FIRST NAME	PATRICIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ABAPO			
25. MOTHER'S MAIDEN NAME				
SURNAME	CASTILLO			
FIRST NAME	ALICIA			
MIDDLE NAME	RICARTE		(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	SANTA CRUZ ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2009	N/A	2009	1ST HONORABLE MENTION

SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2013	N/A	2013	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS CHEMISTRY	2013	2017	N/A	2017	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>(Continue on separate sheet if necessary)</i>							
SIGNATURE			DATE		NOVEMBER 03, 2022		

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)


(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	NOVEMBER 03, 2022
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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	N/A	
(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			
	BASIC OPERATIONS ON MOTIC DIGITAL MICROSCOPE AND CAMERA BA210 MOTICAM TRAINING	08/23/2022	08/24/2022	4.0	TECHNICAL	MICROLAB
	TRAINING-WORKSHOP ON QA/QC AND METHOD VERIFICATION/VALIDATION	08/03/2022	08/04/2022	16.0	TECHNICAL	DEPARTMENT OF AGRICULTURE- BUREAU OF SOILS AND WATER MANAGEMENT
	RA 9003: ECOLOGICAL SOLID WASTE MANAGEMENT ACT OF 2000	12/23/2021	12/23/2021	4.0	TECHNICAL	LEYTE AGRI CORPORATION
	COSHH AND THE SAFE USE OF CLEANING CHEMICALS	09/16/2021	09/16/2021	2.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY
	UNDERSTANDING MOTIVATION AND MOTIVATIONAL FACTORS	09/13/2021	09/13/2021	2.0	FOUNDATION	THE KNIGHTS OF SAFETY ACADEMY
	INTERNAL AUDIT AWARENESS	08/26/2021	08/26/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY
	ISO 50001:2018 ENERGY MANAGEMENT SYSTEM AWARENESS	08/25/2021	08/25/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY
	ISO 45001:2018 OCCUPATIONAL HEALTH & SAFETY MANAGEMENT SYSTEM AWARENESS	08/23/2021	08/23/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY
	ISO 14001:2015 ENVIRONMENTAL MANAGEMENT SYSTEM AWARENESS	08/05/2021	08/05/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY
	ISO 9001:2015 QUALITY MANAGEMENT SYSTEM FOUNDATIONS	08/04/2021	08/04/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY
	OCCUPATIONAL, SAFETY AND HEALTH	07/14/2021	07/14/2021	4.0	TECHNICAL	LEYTE AGRI CORPORATION
	MENTAL HEALTH AWARENESS	07/13/2021	07/13/2021	2.0	FOUNDATION	THE KNIGHTS OF SAFETY ACADEMY
	UNDERSTANDING COVID-19: PUBLIC HEALTH AWARENESS	06/03/2021	06/03/2021	2.0	FOUNDATION	THE KNIGHTS OF SAFETY ACADEMY
	LEGIONELLA IN THE WORKPLACE AWARENESS TRAINING	05/26/2021	05/26/2021	2.0	FOUNDATION	THE KNIGHTS OF SAFETY ACADEMY
	HAZARDOUS SUBSTANCES ROUTES-TO-ENTRY	05/13/2021	05/13/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY
	THE SAFETY DATA SHEET AWARENESS CERTIFICATION	05/08/2021	05/08/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY
	SPILLAGE RESPONSE AWARENESS TRAINING	05/06/2021	05/06/2021	3.0	TECHNICAL	THE KNIGHTS OF SAFETY ACADEMY
	CALIBRATION AND QUALIFICATION OF LABORATORY INSTRUMENTS AND LATEST ADVANCES IN LABORATORY INSTRUMENTATION	07/31/2019	07/31/2019	8.0	TECHNICAL	INTEGRATED CHEMISTS OF THE PHILIPPINES- BACOLOD CHAPTER
	TRANSFORMING ME: DETERMINED, RESILIENT, ENGAGED	04/05/2019	04/05/2019	8.0	FOUNDATION	VIRGINIA FOOD INC.
	GOOD MANUFACTURING PRACTICES	03/19/2018	03/19/2018	8.0	TECHNICAL	VIRGINIA FOOD INC.
	GOOD MANUFACTURING PRACTICES (GLP) - 3M FOOD SAFETY SEMINAR	02/02/2018	02/02/2018	4.0	TECHNICAL	3M FOOD SAFETY
(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)	
	READING	N/A			N/A	
	LEARNING NEW LANGUAGE					

LISTENING TO MUSIC		
(Continue on separate sheet if necessary)		
SIGNATURE		DATE
		NOVEMBER 03, 2022

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details (country):</p> <hr/>
<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 items:</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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
CANDELARIO L. CALIBO	DUMAGUETE CITY, NEGROS ORIENTAL	9999906169
RYAN B. POSAS	ORMOC CITY, LEYTE	9176240943
MARIA VINA A. GALANO	UPPER POBLACION, PILAR, CEBU	9086403335

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.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **PRC ID**

ID/License/Passport No.: **0002656**

Angelica C. Managbanag

Signature (Sign inside the box)



Date/Place of Issuance: 10/29/2018

11/03/2022
Date Accomplished

Right Thumbmark

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

Person Administering Oath