

# 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	BELMONTE		
FIRST NAME	PRECILA	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	CONTERO		
3. DATE OF BIRTH (mm/dd/yyyy)	2/3/1991	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	VICENAL, UPPER MAHAPLAG, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country.
5. SEX	<input type="checkbox"/> Male <input checked="" 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	N/A House/Block/Lot No. Street N/A KILUM Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.58		
8. WEIGHT (kg)	69	ZIP CODE	6521
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	None TAGLIBAS House/Block/Lot No. Street NA MAHAPLAG Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO	N/A		
11. PAG-IBIG ID NO.	1212-0343-9414	ZIP CODE	6512
12. PHILHEALTH NO	13-050121913-5		
13. SSS NO	CRN-0111-2090540-8	19. TELEPHONE NO.	NONE
14. TIN NO	438-658-625	20. MOBILE NO	09531276497
15. AGENCY EMPLOYEE NO.	VJO-00258	21. E-MAIL ADDRESS (If any)	precila.contero@vsu.edu.ph

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BELMONTE		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ALFRED	NAME EXTENSION (JR., SR)	NA	NA
MIDDLE NAME	LIPOMANO	N/A		
OCCUPATION	MERCHANDISER			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CONTERO			
FIRST NAME	CLAUDIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MAGLINTE	N/A		
25. MOTHER'S MAIDEN NAME				
SURNAME	DIGMAN			
FIRST NAME	MERCEDITA			
MIDDLE NAME	EMPRON			

(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	MAHAPLAG CENTRAL SCHOOL	ELEMENTARY	1997	2003	NA	2003	WITH HONOR
SECONDARY	UPPER NATIONAL HIGHSCHOOL	SECONDARY	2003	2007	NA	2007	WITH HONOR
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN BIOTECHNOLOGY	2007	2017	NA	2017	

(Continue on separate sheet if necessary)

SIGNATURE	DATE	04/03/25
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## IV. CIVIL SERVICE ELIGIBILITY


27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (If applicable)	
				NUMBER	Date of Validity
DRIVERS LICENSE			LTO BAYBAY CITY LEYTE	H12-24-001590	02.03.2029

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	April 3, 2025
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## 16. 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)

## VI. LEARNING AND DEVELOPMENT (L&amp;D) INTERVENTIONS/ TRAINING PROGRAMS ATTENDED


[illegible]

(Continue on separate sheet if necessary)

### VIII. OTHER INFORMATION

31	SPECIAL SKILLS and HOBBIES	32	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Can drive motorcycle		N/A	Fatima Multipurpose Cooperative
	Editing (Tarp, invitations cards, brochures, etc.)			Philippine Society of Biochemistry and Molecular Biology
	Playing scrabble			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	April 3, 2025
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<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>	<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 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>	<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 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>	<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>

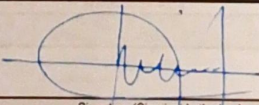
41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

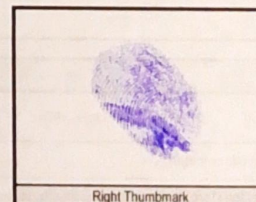
NAME	ADDRESS	TEL. NO.
ERLINDA A. VASQUEZ	VSU, Visca, Baybay City, Leyte	9177034791
LISA I. ARCE	VSU, Visca, Baybay City, Leyte	9983386474
MARLON M. TAMBIS	VSU, Visca, Baybay City, Leyte	9397203797

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

<p>Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) <b>PLEASE INDICATE ID Number and Date of Issuance</b></p> <p>Government Issued ID: <b>SSS</b></p> <p>ID/License/Passport No.: <b>CRN-0111-2090540-8</b></p> <p>Date/Place of Issuance: <b>ORMOC CITY</b></p>	<div style="text-align: center;">               Signature (Sign inside the box)  <b>April 3, 2025</b>              Date Accomplished           </div>
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SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

<p>Person Administering Oath</p>
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