

# 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	MANACPO		
FIRST NAME	LINA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	LAUZON		
3. DATE OF BIRTH (mm/dd/yyyy)	09/13/1977	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	DULAG, 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 <b>ZONE 1</b> <b>CARIDAD</b> Subdivision/Village Barangay <b>BAYBAY</b> <b>LEYTE</b> City/Municipality Province
7. HEIGHT (m)	1.59	ZIP CODE	6521
8. WEIGHT (kg)	63.0		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	House/Block/Lot No. Street <b>ZONE 2</b> <b>SALVACION</b> Subdivision/Village Barangay <b>DULAG</b> <b>LEYTE</b> City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6505
11. PAG-IBIG ID NO.	121350305684		
12. PHILHEALTH NO.	13-025650937-0		
13. SSS NO.	06-4659479-2	19. TELEPHONE NO.	N/A
14. TIN NO.	476-844-517-000	20. MOBILE NO.	+639975044048
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	wimbiel53@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	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MANACPO			
FIRST NAME	BONIFACIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CINCO			
25. MOTHER'S MAIDEN NAME				
SURNAME	LAUZON			
FIRST NAME	FLORENCIA			
MIDDLE NAME	SUMAYOD			

(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	GUADALUPE ELEMENTARY SCHOOL	PRIMARY	1985	1991	N/A	1991	SALUTATORIAN
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL	SECONDARY	1991	1995	N/A	1995	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN PLANT PROTECTION (Weed Science)	1995	1999	N/A	1999	Weed Science Society of the Phil. (WSSP) Scholar
GRADUATE STUDIES	LEYTE STATE UNIVERSITY	MASTER OF SCIENCE IN PLANT PROTECTION	2000	2002	21 units	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
-----------	--	------	--



29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	HOLY ROSARY PARISH LITURGICAL MINISTRY/ CARIDAD BAYBAY CITY, LEYTE	04/01/2023	Present	Approx. 96hours/year	LECTOR/PSALMIST
	BROTHERHOOD OF CHRISTIAN BUSINESSMEN AND PROFESSIONALS (BCBP)/ BAYBAY CITY CHAPTER	04/01/2025	Present	N/A	MEMBER

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

[illegible]







© 2004 Blackwell Publishing Ltd, *Journal of Internal Medicine* 255: 103–110

10. SPECIAL AWARDS / HONORS	11. NON-ACADEMIC DISTINCTIONS / RECOGNITION	12. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
-----------------------------	---	--

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/25/2024
-----------	--	------	------------

07/25/2024

<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> <hr/> <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 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>														
<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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td><b>DR. ERLINDA A. VASQUEZ</b></td> <td colspan="2">Toril, Davao City</td> </tr> <tr> <td><b>DR. IVY C. EMNACE</b></td> <td>VSU, Visca, Baybay City, Leyte</td> <td>09659480191</td> </tr> <tr> <td><b>MS. LIGAYA D. JOCSON</b></td> <td>Guadalupe, Baybay City, Leyte</td> <td>09957263108</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	<b>DR. ERLINDA A. VASQUEZ</b>	Toril, Davao City		<b>DR. IVY C. EMNACE</b>	VSU, Visca, Baybay City, Leyte	09659480191	<b>MS. LIGAYA D. JOCSON</b>	Guadalupe, Baybay City, Leyte	09957263108		
NAME	ADDRESS	TEL. NO.													
<b>DR. ERLINDA A. VASQUEZ</b>	Toril, Davao City														
<b>DR. IVY C. EMNACE</b>	VSU, Visca, Baybay City, Leyte	09659480191													
<b>MS. LIGAYA D. JOCSON</b>	Guadalupe, Baybay City, Leyte	09957263108													
<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>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td><b>DRIVER'S LICENSE</b></td> </tr> <tr> <td>ID/License/Passport No.:</td> <td><b>H12-23000963</b></td> </tr> <tr> <td>Date/Place of Issuance:</td> <td><b>03-14-2023/BAYBAY CITY, LEYTE</b></td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	<b>DRIVER'S LICENSE</b>	ID/License/Passport No.:	<b>H12-23000963</b>	Date/Place of Issuance:	<b>03-14-2023/BAYBAY CITY, LEYTE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 80px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">20 July 2025</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	20 July 2025	Date Accomplished
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)															
PLEASE INDICATE ID Number and Date of Issuance															
Government Issued ID:	<b>DRIVER'S LICENSE</b>														
ID/License/Passport No.:	<b>H12-23000963</b>														
Date/Place of Issuance:	<b>03-14-2023/BAYBAY CITY, LEYTE</b>														
															
Signature (Sign inside the box)															
20 July 2025															
Date Accomplished															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 80px;">  </td> </tr> <tr> <td style="text-align: center;">Right Thumbmark</td> </tr> </table>			Right Thumbmark												
															
Right Thumbmark															
<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: 300px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>															