

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.

CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	VESTRA			
FIRST NAME	ANN GAY		NAME EXTENSION (Jr., Sr.)	
MIDDLE NAME	DUAT			
3. DATE OF BIRTH (mm/dd/yyyy)	08/24/1999	18. 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 CITY, 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	N/A N/A House/Block/Lot No. Street N/A GUADALUPE Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521	
7. HEIGHT (m)	1.55 m	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A GUADALUPE Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521	
8. WEIGHT (kg)	77 kg		ZIP CODE	
9. BLOOD TYPE	A+		19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A		20. MOBILE NO.	0907-505-1603
11. PAG-BIG ID NO.	1212-2899-7993	21. E-MAIL ADDRESS (if any)	anngayvestra99@gmail.com	
12. PHILHEALTH NO.	12-02572999-6			
13. SSS NO.	06-4136344-9			
14. TIN NO.	347-024-343			
15. AGENCY EMPLOYEE NO.	N/A			

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.)		
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	VESTRA			
FIRST NAME	JEREMIAS	NAME EXTENSION (Jr., Sr.)		
MIDDLE NAME	SANGRE			
25. MOTHER'S MAIDEN NAME				
SURNAME	DUAT			
FIRST NAME	SARAH			
MIDDLE NAME	JABAGAT			

(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	ALPHA CHRISTIAN SCHOOL	PRIMARY	2006	2012	GRADUATED	2012	N/A
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	SECONDARY	2012	2016	GRADUATED	2016	N/A
VOCATIONAL / TRADE COURSE	VISAYAS STATE UNIVERSITY SENIOR HIGH SCHOOL	ACCOUNTANCY, BUSINESS AND MANAGEMENT	2016	2018	GRADUATED	2018	WITH HONOR
COLLEGE	VISAYAS STATE UNIVERSITY MAIN CAMPUS	BACHELOR OF SCIENCE IN AGRIBUSINESS	2018	2022	GRADUATED	2022	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY MAIN CAMPUS	MASTER OF MANAGEMENT MAJOR IN BUSINESS MANAGEMENT	2022	2024	GRADUATED	2024	DEAN'S LISTER

(Continue on separate sheet if necessary)

SIGNATURE

DATE

August 12, 2024

27.

RATING
(If Applicable)

DATE OF
EXAMINATION /
CONFERMENT

PLACE OF EXAMINATION / CONFERMENT

LICENSE (if applicable)

NUMBER

Date of Validity

HONOR GRADUATE ELEGIBILITY

N/A

01/17/2023

CSC RO VIII

100108230045

08/12/2022

(Continue on separate sheet if necessary)

28.

POSITION TITLE
(Write in full/Do not abbreviate)

DEPARTMENT / AGENCY / OFFICE / COMPANY
(Write in full/Do not abbreviate)MONTHLY
SALARY

**SALARY/ JOB/ PAY
GRADE (if
applicable)& STEP
(Format "00-0")
INCREMENT**

STATUS OF
APPOINTMENT

GOVT
SERVICE
(Y/N)

From

To

07/2023

12/2023

RESEARCH ASSISTANT B

NATIONAL IRRIGATION AND ADMINISTRATION

15586.00

SG 4

JOB ORDER

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

August 12, 2024

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

C 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			
	MARKETING MANAGEMENT	08/19/2017	08/19/2017	8.0	MANAGERIAL	DEPARTMENT OF BUSINESS AND MANAGEMENT
	TRAINING ON ALTERNATIVE PEST MANAGEMENT ON VEGETABLES	03/29/2022	03/31/2022	24.0	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE (ATI) REGIONAL TRAINING CENTER VIII
	COC PRODUCE ORGANIC CONCOCTIONS AND EXTRACTS	07/01/2022	07/13/2022	48.0	TECHNICAL	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY (TESDA) VIII
	MEASURING WHAT MATTERS TO IMPROVE MARKETING PERFORMANCE: REPUTATION, RELATIONSHIP AND REVENUE	06/24/2023	06/24/2023	8.0	MANAGERIAL	DEPARTMENT OF BUSINESS AND MANAGEMENT
	EMBRACING THE FUTURE OF WORK: NAVIGATING TRENDS IN THE MODERN AGE	08/05/2023	08/05/2023	8.0	MANAGERIAL	DEPARTMENT OF BUSINESS AND MANAGEMENT
	EMPOWERING FINANCIAL LITERACY: BUILDING A STRONG FOUNDATION FOR FINANCIAL WELL-BEING	08/05/2023	08/05/2023	8.0	SUPERVISORY	DEPARTMENT OF BUSINESS AND MANAGEMENT
	EMOTIONAL INTELLIGENCE IN MANAGEMENT: A PROJECT MANAGEMENT CONFLICT RESOLUTION THROUGH EMOTIONAL INTELLIGENCE	05/18/2024	05/18/2024	8.0	MANAGERIAL	DEPARTMENT OF BUSINESS AND MANAGEMENT
	AGRICULTURAL CROPS PRODUCTION NATIONAL CERTIFICATE II	04/17/2024	06/07/2024	336.0	TECHNICAL	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY (TESDA) VIII

(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)
	SPORTS		EASTERN VISAYAS REGIONAL ATHLETIC ASSOCIATION (EVRAA) CHAMPION		N/A
	MUSIC		PALARONG PAMBANSA REPRESENTATIVE		
	FINANCIAL STATEMENTS		STATE COLLEGES AND UNIVERSITIES ATHLETIC ASSOCIATION (SCUAA) GOLD MEDALIST		
	WRITING RESEARCH PAPER		TABLE TENNIS MVP AWARD		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 12, 2024
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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)?

☐ YES ☒ NO
☐ YES ☐ 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?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ NO
If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ 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?

☐ YES ☒ NO
If YES, please specify: _____
☐ YES ☒ NO
If YES, please specify ID No: _____
☐ YES ☒ NO
If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
DR. ANGELITA P. CANA	BAYBAY CITY, LEYTE	9630769408
DR. ANTONIO P. ABAMO	BAYBAY CITY, LEYTE	9209835693
DR. JOSE L. BACUSMO	BAYBAY CITY, LEYTE	9214118536

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.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **DRIVER'S LICENSE**

ID/License/Passport No.: **H12-20-000874**

Date/Place of Issuance: **06/21/2024**

Signature (Sign inside the box)
08/12/2024
Date Accomplished



SUBSCRIBED AND SWORN to before me this

, affiant exhibiting his/her validly issued government ID as indicated above.

48
JUL 11 2024
FRIES DE 2024

ATTY. FLORENTE A. CAYINDA, JR.
Notary Public
Valid until December 31, 2024
PTR. No. 09447205/1-5, 2024/Baybay City
IBP No. 0989473/Lifetime
Roll No. 52649
G.H. Del Pilar Street, Baybay City, Leyte
Person Administering Oath