

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	VEGA		
FIRST NAME	LADY DIANE	NAME EXTENSION (Jr., Sr.)	
MIDDLE NAME	YU		
3. DATE OF BIRTH (mm/dd/yyyy)	02/16/1987	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	If holder of dual citizenship, please indicate the details.	
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	547-A J.A. SANTOS ST. House/Block/Lot No. Street ZONE 5 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.60	ZIP CODE	
8. WEIGHT (kg)	80	18. PERMANENT ADDRESS	547-A J.A. SANTOS ST. House/Block/Lot No. Street ZONE 5 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	O	ZIP CODE	6521
10. BSS ID NO.	N/A	19. TELEPHONE NO.	(053) 563-0402
11. PAG-IBIG ID NO.	1212-0769-4584	20. MOBILE NO.	09276401939
12. PHILHEALTH NO.	N/A	21. E-MAIL ADDRESS (if any)	itsdianeyu@gmail.com
13. SSS NO.	0631097903		
14. TIN NO.	720-223-959		
15. AGENCY EMPLOYEE NO.	00927		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	VEGA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CARLO	NAME EXTENSION (Jr., Sr.)	N/A	N/A
MIDDLE NAME	MACAHILO			
OCCUPATION	DRIVING INSTRUCTURE			
EMPLOYER/BUSINESS NAME	DEOVR DRIVING SCHOOL			
BUSINESS ADDRESS	BRGY. GAAS, BAYBAY CITY, LEYTE			
TELEPHONE NO.				
24. FATHER'S SURNAME	YU			
FIRST NAME	VICTORIANO	NAME EXTENSION (Jr., Sr.)		
MIDDLE NAME	CAINTIC			
25. MOTHER'S MARDEN NAME				
SURNAME	SUAZO			
FIRST NAME	EDITHA			
MIDDLE NAME	LIBAR			

(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	BAYBAY NORTH CENTRAL SCHOOL	PRIMARY EDUCATION	8/7/1999	4/3/2000	N/A	2000	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	8/6/2000	4/1/2004	N/A	2004	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	ASSOCIATE OF COMPUTER TECHNOLOGY	8/8/2006	10/31/2006	N/A	N/A	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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[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet

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[illegible]

<p align="center">Continuation of Schedule C (Form 990) 2014</p>			
SIGNATURE		DATE	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	Fiesta Executive Committee 2017	9/26/2017	12/31/2017	N/A	Member of the Secretariat Committee	
(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 L&D (Managerial/ Supervisory/ Technical)	CONDUCTED/SPONSORED BY (Write in full)
		From	To			
	Business Continuity Planning/Program Workshop	8/7/2017	8/8/2017	16.0	Supervisory	Department of Trade and Industry (DTI)
	Orientation on the Maza Masid Technical Working Group	10/26/2017	10/26/2017	8.0	Technical	Department of the Interior and Local Government (Baybay City, Leyte)
	Values Orientation, Clarification and Restoration Seminar	10/4/2018	10/4/2018	8.0	Soft Skill Training	LGU Baybay & Baybay Local Government Employees Association (BaLGEA)
	Strengthening of Barangay Anti-Drug Abuse Councils (BADACs) and Brangay Council for the Protection of Children Training Workshop	10/16/2018	10/16/2018	32.0	Technical	Department of the Interior and Local Government (Baybay City, Leyte)
	Skills Enhancement Training for Barangay Secretaries	11/30/2018	12/1/2018	16.0	Technical	Department of the Interior and Local Government (Baybay City, Leyte)
	Orientation and Hands-On Training on the Enhanced Full Disclosure Policy Portal	8/13/2019	8/16/2019	32.0	Technical	Department of the Interior and Local Government & Bureau Of Local Government Supervision
(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)	
	Driving	N/A			N/A	
	Writing Poems	N/A			N/A	
	Cooking	N/A			N/A	
	Handicraft	N/A			N/A	
(Continue on separate sheet if necessary)						
SIGNATURE					DATE	

<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>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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Hired in a private company _____</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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>HON. ARTURO ELISA O. ASTORGA</td> <td>A. MABINI ST., ZONE 5, BAYBAY CITY, LEYTE</td> <td>0935-442-2382</td> </tr> <tr> <td>MR. DEOGRACIAS E. PERNITEZ</td> <td>E. JACINTO ST., ZONE 23, BAYBAY CITY, LEYTE</td> <td>0915-650-5570</td> </tr> <tr> <td>MS. ESTELA I. CREER</td> <td>PALO, LEYTE</td> <td>0977-806-6277</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	HON. ARTURO ELISA O. ASTORGA	A. MABINI ST., ZONE 5, BAYBAY CITY, LEYTE	0935-442-2382	MR. DEOGRACIAS E. PERNITEZ	E. JACINTO ST., ZONE 23, BAYBAY CITY, LEYTE	0915-650-5570	MS. ESTELA I. CREER	PALO, LEYTE	0977-806-6277
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<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>Government Issued ID (i.e. Passport, GDS, SSN, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID: DRIVERS LICENSE</td> </tr> <tr> <td>ID/License/Passport No.: H12-14-001443</td> </tr> <tr> <td>Date/Place of Issuance: 8/30/2017 LTO BAYBAY BRANCH</td> </tr> </table>	Government Issued ID (i.e. Passport, GDS, SSN, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: DRIVERS LICENSE	ID/License/Passport No.: H12-14-001443	Date/Place of Issuance: 8/30/2017 LTO BAYBAY BRANCH	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 60px; vertical-align: bottom;">Signature (Sign inside the box)</td> </tr> <tr> <td style="height: 20px; vertical-align: bottom;">Date Accomplished</td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished						
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<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: 250px; height: 50px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													

ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)

Computer generated or photocopied picture is not acceptable

PHOTO

Right Thumbmark