

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	MANGAOANG		
FIRST NAME	EURICE ED		NAME EXTENSION (JR., SR)
MIDDLE NAME	DELA CRUZ		
3. DATE OF BIRTH (mm/dd/yyyy)	04/18/1995	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		If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	<div>House/Block/Lot No. Street</div> <div>BLOCK 1, LOT 3</div> <div>Subdivision/Village Barangay</div> <div>VSU COOP HOUSING MARCOS</div> <div>City/Municipality Province</div> <div>BAYBAY CITY, LEYTE</div>
7. HEIGHT (m)		18. PERMANENT ADDRESS	<div>House/Block/Lot No. Street</div> <div>BLOCK 1, LOT 3</div> <div>Subdivision/Village Barangay</div> <div>VSU COOP HOUSING MARCOS</div> <div>City/Municipality Province</div> <div>BAYBAY CITY LEYTE</div>
8. WEIGHT (kg)			ZIP CODE
9. BLOOD TYPE			
10. GSIS ID NO.			
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.			
13. SSS NO.		19. TELEPHONE NO.	
14. TIN NO.		20. MOBILE NO.	0967 504 8035
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	eurice.mangaoang@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MANGAOANG			
FIRST NAME	EDUARDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	OLIVAS			
25. MOTHER'S MAIDEN NAME	YOLANDA DELA CRUZ			
SURNAME	MANGAOANG			
FIRST NAME	YOLANDA			
MIDDLE NAME	DELA CRUZ		(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	VISCA FOUNDATION ELEMENTARY SCHOOL						
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL						
VOCATIONAL / TRADE COURSE							

COLLEGE	VISAYAS STATE UNIVERSITY	BS AGRIBUSINESS	2011	2015		2015	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF MANAGEMENT: AGRIBUSINESS	2016	2020		2020	CHED
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		JULY 5, 2021		

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
	DRIVER'S LICENSE		4-18-2019	LTO, BAYBAY CITY	H12-19-002887	UNTIL 2024/4/18

(Continue on separate sheet if necessary)







V. WORK EXPERIENCE

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

[illegible]

rate sheet if necessary)							
SI							
2 of 4			DATE	JULY, 5, 2021			

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			
(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 / Technicians)	CONDUCTED / SPONSORED BY (Write in full)
		From	To			
(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)	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		

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)?	<div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details:<div></div></div></div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details:<div></div></div></div> <div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details:<div>Date Filed:<div></div>Status of Cases:<div></div></div></div></div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details:<div></div></div></div>												
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?	<div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details:<div></div></div></div>												
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?	<div><div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details:<div></div></div></div><div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details:<div></div></div></div></div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details (country):<div></div></div></div></div>												
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?	<div><div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, please specify:<div></div></div></div><div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, please specify ID No: <div></div></div></div><div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, please specify ID No: <div></div></div></div></div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	NAME	ADDRESS	TEL. NO.										
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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.													
<table><tr><td>Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance: Government issued ID: ID/License/Passport No.: Date/Place of Issuance:</td><td><table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table></td><td><table><tr><td></td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table></td></tr></table>	Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance: Government issued ID: ID/License/Passport No.: Date/Place of Issuance:	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	Date Accomplished	<table><tr><td></td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		PHOTO		Right Thumbmark			
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Right Thumbmark													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
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