

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	MANAGBANAG		
FIRST NAME	MARLO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LAPINIG		
3. DATE OF BIRTH (mm/dd/yyyy)	08-13-1977	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, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	House/Block/Lot No. Street Subdivision/Village PANGASUGAN Barangay City/Municipality BAYBAY Province LEYTE ZIP CODE 6521-A
7. HEIGHT (m)	5'10	18. PERMANENT ADDRESS	House/Block/Lot No. PUROK 4 Street Subdivision/Village PANGASUGAN Barangay City/Municipality BAYBAY Province LEYTE ZIP CODE 6521-A
8. WEIGHT (kg)	85	19. TELEPHONE NO.	
9. BLOOD TYPE	O	20. MOBILE NO.	0926 8004272
10. GSIS ID NO.		21. E-MAIL ADDRESS (if any)	mtlmbng@gmail.com
11. PAG-IBIG ID NO.	12-12-033-1755		
12. PHILHEALTH NO.	132002411222		
13. SSS NO.			
14. TIN NO.	280-808-693		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND				
22. SPOUSE'S SURNAME	MANAGBANAG		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ROWENA	NAME EXTENSION (JR., SR)	CHELSEA I. MANAGBANAG	11-01-2002
MIDDLE NAME	LYANA		KEAN MARL I. MANAGBANAG	06-14-2005
OCCUPATION	SELF EMPLOYED			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MANAGBANAG			
FIRST NAME	MARIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PAMAN			
25. MOTHER'S MAIDEN NAME	LUCARAN			
SURNAME	MANAGBANAG			
FIRST NAME	LUCENA			
MIDDLE NAME	LAPINIG		(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Pangasugan Elem. School, Baybay, Leyte		1989	1990		1990	
SECONDARY	Bunga Nat. High School, Bunga Baybay, Leyte		1990	1993			
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE		MARLO L. MANAGBANAG		DATE			

[illegible]

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

		(Continue on separate sheet if necessary)	
SIGNATURE	MARLO L. MANAGBANAG	DATE	

VI. 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		

(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/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	FIRE PREVENTION	3-30	-2012	8 HRS.		VSU
	PRODUCTION OF BIOFUELS	5-22	-2019	8 HRS		VSU
	STRESS MANAGEMENT	9-24	2014	11		VSU
	SBP REFEREES CLINIC	8-26-17	8-28-17	2-days		SBP ACCREDITATION
	NC-II DRIVING	3-12	-2018	8 HRS		TECHNICAL ED. & SKILLS DEV. AUTHORITY







(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION


31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	DRIVING	NC - II		TESDA
	CARPENTRY			

(Continue on separate sheet if necessary)

SIGNATURE	MARLO L. MANABANAG	DATE	
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.												
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 (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: _____</td></tr><tr><td>ID/License/Passport No.: _____</td></tr><tr><td>Date/Place of Issuance: _____</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: _____	ID/License/Passport No.: _____	Date/Place of Issuance: _____	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>_____</td></tr><tr><td>Date Accomplished</td></tr><tr><td>_____</td></tr></table>		Signature (Sign inside the box)	_____	Date Accomplished	_____	<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		Right Thumbmark	
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Signature (Sign inside the box)														

Date Accomplished														

														
Right Thumbmark														
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
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