

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	IGOT		NAME EXTENSION (JR, SR)	JR
FIRST NAME	TIRSO			
MIDDLE NAME	ENDRINA			
3. DATE OF BIRTH (mm/dd/yyyy)	12/27/1979	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	BAYBAY CITY, 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		
7. HEIGHT (m)	5' ft.	House/Block/Lot No.	Street	
8. WEIGHT (kg)	65 kgs.	Subdivision/Village	PANGASUGAN	
9. BLOOD TYPE	"O"	BAYBAY CITY	LEYTE	
10. GSIS ID NO.	02004796896	City/Municipality	Province	
11. PAG-IBIG ID NO.	916194967850	ZIP CODE	6521	
12. PHILHEALTH NO.	1302-5276-3210	18. PERMANENT ADDRESS		
13. SSS NO.	N/A	House/Block/Lot No.	Street	
14. TIN NO.	104-819-391	Subdivision/Village	PANGASUGAN	
15. AGENCY EMPLOYEE NO.	V-00892	BAYBAY CITY	LEYTE	
		City/Municipality	Province	
		ZIP CODE	6521	
		19. TELEPHONE NO.		
		20. MOBILE NO.		
		21. E-MAIL ADDRESS (if any)		

II. FAMILY BACKGROUND

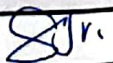
22. SPOUSE'S SURNAME	IGOT		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JUDITH	NAME EXTENSION (JR, SR)	JAMES IVAN F. IGOT	8/12/2010
MIDDLE NAME	FLORESCA		JOHN ANGELO F. IGOT	09 / 19 / 2011
OCCUPATION	HOUSEWIFE		JUN MARK F. IGOT	09 / 16 / 2012
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY		JOSEPHINE MARIE F. IGOT	9/5/2013
BUSINESS ADDRESS	BRGY. PANGASUGAN, VSU, BAYBAY CITY, LEYTE		JANNA MARIA F. IGOT	11/10/2015
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	IGOT			
FIRST NAME	TIRSO	SR		
MIDDLE NAME	POSAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	ENDRINA			
FIRST NAME	MARIA			
MIDDLE NAME	MARANGUIT			

(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	PANGASUGAN ELEMENTARY SCHOOL	PRIMARY LEVEL			GRADUATED	1994	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY LEVEL			GRADUATED		
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	N/A			N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A			N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	2/23/22
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	2/23/22
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	Pre-Deployment Training/Active Duty Training SY2018-2019	May-29	June 4, 2018	48	Sgt . LE-R13-000030 PA (Res)
	Advance and Basic ROTC Training of Visayas State Univ. ROTC Unit	2015	7/8/1905		Tactical NCO/Instructor
	Support Rendered to the National Service Training Program (NSTP)	7/8/1905	7/9/1905		Reserve Officer Training Corps (ROTC) Component, 804th Community Defense Center







VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator(s)	
7. Topics Covered	
8. Key Takeaways	
9. Action Items	
10. Other Comments	

[illegible]

VIII. OTHER INFORMATION

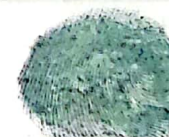
[illegible]

SIGNATURE	Sdr.	DATE	2	23	22
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<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 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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>BRGY. KAPITAN DEXTER MAGAN</td> <td>BRGY. PANGASUGAN</td> <td></td> </tr> <tr> <td>ANDRELI D. PARDALES</td> <td>BRGY. GUADALUPE, BAYBAY CITY</td> <td>563-7512</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	BRGY. KAPITAN DEXTER MAGAN	BRGY. PANGASUGAN		ANDRELI D. PARDALES	BRGY. GUADALUPE, BAYBAY CITY	563-7512			
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ANDRELI D. PARDALES	BRGY. GUADALUPE, BAYBAY CITY	563-7512											
<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>													
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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: 300px; height: 60px; margin: 10px auto; text-align: center;"> <p>Person Administering Oath</p> </div>													



PHOTO



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