

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	Cayone		
FIRST NAME	Kybee	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Managbanag		
3. DATE OF BIRTH (mm/dd/yyyy)	08/15/1997	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: Philippines
4. PLACE OF BIRTH	Cebu City	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	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	1.52	ZIP CODE	
8. WEIGHT (kg)	55.00		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	121233287724		
12. PHILHEALTH NO.	120257526378		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	350299065	20. MOBILE NO.	969-070-7455
15. AGENCY EMPLOYEE NO.	VJO01238	21. E-MAIL ADDRESS (if any)	kybee.cayone@vsu.edu.ph


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) N/A	Kyeff Leigh C. Flores	03/01/2019
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	Cayone			
FIRST NAME	Robert	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Abinion			
25. MOTHER'S MAIDEN NAME	Myra Cristina Managbanag			
SURNAME	Managbanag			
FIRST NAME	Myra Cristina			
MIDDLE NAME	Mellejor		(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 II Central School	Elementary	2004	2014		2014	N/A
SECONDARY	Franciscan College of Immaculate Conception	High School	2010	2014		2014	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	University of Cebu - Main Campus	Bachelor of Science in Customs Administration	2014	2018		2018	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/04/2024
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IV. CIVIL SERVICE ELIGIBILITY

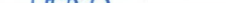
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(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/04/2024
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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		
	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

(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			
	"HRIS Software Onboarding"	12/06/2023	12/06/2023	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	"Unlocking Excellence: The 5S Resolution for Clerks and Heads at Visayas State University"	11/29/2023	11/29/2023	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Attended the ISO 9001:2015 Awareness/Re-awareness Webinar	08/29/2023	08/29/2023	8	Technical	Supply, Property and Procurement Management Office, Visayas State University
	GPPB Basic Course Training on the RA 9184 and its Revised Implementing Rules and Regulations Act of 2016	08/22/2023	08/24/2023	24	Technical	VSU Baybay City, Leyte
	Orientation/ Re-orientation of Duties and Responsibilities of dDRCs and AdDRCs, and Cascading of Documents and Records Control Procedure Manuals and Guidelines	09/07/2022	09/07/2022	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	HANDS ONLY CARDIOPULMONARY RESUSCITATION	07/21/2022	07/22/2022	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Women Inspiring Women	03/22/2022	03/22/2022	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	ISO 9001:2015 Awareness/Re-awareness Seminar	08/30/2021	08/31/2022	16	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "

(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)
	N/A		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/04/2024
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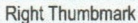
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.

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.

Signature (Sign inside the box)

06/04/2024

Date Accomplished



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

Person Administering Oath