

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	ESCASINAS		
FIRST NAME	GILLY MAE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	SURABIA		
3. DATE OF BIRTH (mm/dd/yyyy)	8/18/1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	ALBUERA, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.53 m	17. RESIDENTIAL ADDRESS	N/A PUROK 7
8. WEIGHT (kg)	46 kg	ZIP CODE	House/Block/Lot No. Street
9. BLOOD TYPE	UNKNOWN		BULACANON MASLUG
10. GSIS ID NO.	N/A		Subdivision/Village Barangay
11. PAG-IBIG ID NO.	121288902179		BAYBAY LEYTE
12. PHILHEALTH NO.	130255777921		City/Municipality Province
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	779-373-532-000	20. MOBILE NO.	09532202600/ 09602221785
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	gilly.escasinas@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)		
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ESCASINAS			
FIRSTNAME	GIL			
MIDDLE NAME	MESIAS			
25. MOTHER'S MAIDEN NAME	SURABIA			
FIRSTNAME	MILAGROS			
MIDDLE NAME	PELICANO			

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	MASLUG ELEMENTARY SCHOOL	ELEMENTARY	2003	2009	N/A	2009	WITH HONOR
SECONDARY	PLARIDEL NATIONAL HIGH SCHOOL	SECONDARY	2009	2013	N/A	2013	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	2015	2020	N/A	2020	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 13, 2024
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## IV. CIVIL SERVICE ELIGIBILITY

## V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>	<i>Eymael</i>	<b>DATE</b>	February 13, 2024
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## 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			
		N/A	N/A				N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(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)
	COMPUTER SKILLS		N/A		N/A
	MICROSOFT WORD PROFICIENT		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		Date		February 13, 2024	
[Signature]					



<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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: <u>resignation</u></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%;">POSITION/ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Mr. Nick Freddy R. Bello</td> <td>OIC-Head, Accounting Office ,VSU, Baybay City, Leyte</td> <td>9292255015</td> </tr> <tr> <td>Ms. Wilma V. Napiere</td> <td>Administrative Officer II Accounting Office, VSU, Baybay City, Leyte</td> <td>9359633220</td> </tr> <tr> <td>Mr. Manolo B. Loreto</td> <td>Dean of Students, Dean of Students Office, VSU, Baybay City, Leyte</td> <td>9953989148</td> </tr> </tbody> </table>		NAME	POSITION/ADDRESS	TEL. NO.	Mr. Nick Freddy R. Bello	OIC-Head, Accounting Office ,VSU, Baybay City, Leyte	9292255015	Ms. Wilma V. Napiere	Administrative Officer II Accounting Office, VSU, Baybay City, Leyte	9359633220	Mr. Manolo B. Loreto	Dean of Students, Dean of Students Office, VSU, Baybay City, Leyte	9953989148
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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>													
<p>Government issued ID (ie: Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number: Philhealth 13-025010572-0</p> <p>Government Issued ID: Tax Identification Number</p> <p>ID/License/Passport No.: 779-373-532-000</p> <p>Date/Place of Issuance: Ormoc City</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 50px; text-align: center; vertical-align: middle;"> </td> </tr> <tr> <td style="text-align: center;"> <p>Signature (Sign inside the box)</p> <p><b>February 13, 2024</b></p> <p>Date Accomplished</p> </td> </tr> </table>		<p>Signature (Sign inside the box)</p> <p><b>February 13, 2024</b></p> <p>Date Accomplished</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;"></div> <p style="text-align: center;">Person Administering Oath</p>													

PHOTO

Right Thumbmark