

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	ISRAEL		
FIRST NAME	MARY JOY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PIAMONTE		
3. DATE OF BIRTH (mm/dd/yyyy)	JULY 30, 1993	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	<input type="checkbox"/> Male ILOCOS SUR <input checked="" type="checkbox"/> Female	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		
6 CIVIL STATUS	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.60	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street
8. WEIGHT (kg)	55		Subdivision/Village Barangay
9. BLOOD TYPE	O+		BAYBAY LEYTE
10. GSIS ID NO.	N/A		City/Municipality Province
11. PAG-IBIG ID NO.	121093484774	18. PERMANENT ADDRESS	House/Block/Lot No. Street
12. PHILHEALTH NO.	220001757229		Subdivision/Village Barangay
13. SSS NO.	0427396012		BAYBAY LEYTE
14. TIN NO.	396-825-650		City/Municipality Province
15. AGENCY EMPLOYEE NO.	N/A	19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09380074528
		21. E-MAIL ADDRESS (if any)	piamontemjoy14@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ISRAEL		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	EMEBERTO	JR	NYX VINCENT P. ISRAEL	JULY 14, 2017
MIDDLE NAME	MATUGAS			
OCCUPATION	ADMINISTRATIVE AIDE I			
EMPLOYER/BUSINESS NAME	DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS			
BUSINESS ADDRESS	HIPUSNGO, BAYBAY CITY, LEYTE			
TELEPHONE NO.	0975-671-6442			
24. FATHER'S SURNAME	PIAMONTE			
FIRST NAME	VICENTE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	OQUIAS			
25. MOTHER'S MAIDEN NAME	FILOMENA OMANITO HADAP			
SURNAME	PIAMONTE			
FIRST NAME	FILOMENA			
MIDDLE NAME	HADAP		(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	GABAS CENTRAL SCHOOL	PRIMARY EDUCATION	1999	2005	N/A	2005	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2005	2009	N/A	2009	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR IN ELEMENTARY EDUCATION	2009	2018	N/A	2018	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)	
SIGNATURE	DATE
	April 3, 2023

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			
	Basic Operations of Microsoft Office 2016 (Word, Excel, Powerpoint)	1/6/2023	1/24/2023	120.0	Technical	Launcher Internet Café and Printing Services
	The Landscape of Blended Learning in the New Normal	12/9/2022	12/9/2022	8.0	Technical	Visayas State University - Office of Director for Instruction and Evaluation
	ISO 9001:2015 Awareness/Re-awareness Seminar	8/30/2022	8/31/2022	16.0	Technical	Visayas State University
	Mandatory Orientation and Re-Orientation of Academic Advisers, Department Focal Persons, and College Hotline	8/25/2022	8/25/2022	8.0	Technical	Visayas State University - Office of the Vice President for Academic Affairs
	Hands-Only Cardiopulmonary Resuscitation	7/21/2022	7/22/2022	16.0	Technical	Department of Health
	Typhoon Awareness and Calamity Readiness	6/29/2022	6/29/2022	8.0	Technical	Visayas State University - Department of Meteorology
	Environmental health and Safety: Chemical Waste Management	6/27/2022	6/27/2022	8.0	Technical	Visayas State University - Department of Pure and Applied Chemistry
	Application of Virtual Reality to Agriculture, Land Use and Transportation	6/22/2022	6/22/2022	8.0	Technical	Visayas State University - Office of the Head of International Affairs
	My Changing Body (Adolescence and Reproductive Health)	5/2/2022	5/2/2022	8.0	Technical	Visayas State University - USHER
	National Women's Month: A webinar on Menopause and other common Gynecologic Problems	03/31/2022	03/31/2022	8.0	Technical	Visayas State University - USHER
	Introduction to Latex and Lyx	3/4/2022	3/4/2022	8.0	Technical	Visayas State University - Department of Mathematics
	Trends in Soft Matter Research and Its Application	2/4/2022	2/4/2022	8.0	Technical	Visayas State University - Department of Physics
	Training-Workshop on Assessment in Higher Education: Creation of Table of Specifications (TOS)	11/25/2021	11/25/2021	8.0	Technical	Visayas State University - CPDE
	Re-Orientation of Employees' Duties and Responsibilities and Good Customer Service	9/23/2021	9/23/2021	4.0	Technical	Visayas State University - Office of the Director of Human Resource Management

(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 Literate		N/A		N/A
	Reading Books				
	Multi-Tasking				
	Product Demonstration				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	April 3, 2023
-----------	---	------	---------------

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)?

☐ YES

☒ NO

☐ YES

☒ 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?

☐ YES

☒ NO

If YES, give details:

☐ YES

☒ 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?

☐ YES

☒ 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?

☒ YES

☐ NO

If YES, give details:

End of term

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?

☐ YES

☒ NO

If YES, give details:

☐ YES

☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES

☒ 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 items:

a Are you a member of any indigenous group?

b Are you a person with disability?

c Are you a solo parent?

☐ YES

☒ NO

If YES, please specify:

☐ YES

☒ NO

If YES, please specify ID No:

☐ YES

☒ NO

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
VIRGELIO M. ALAO	BRGY. GABAS, BAYBAY, LEYTE	9102000484
JANICEL O. FERNANDEZ	BRGY. GABAS, BAYBAY, LEYTE	9488046206
EUSEBIO R. LINA, JR.	VSU, VISCA, BAYBAY CITY, LEYTE	9293697060

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.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number

Government Issued ID:

Voter's ID

ID/License/Passport No.

3708-0134B-G3093MHP20000

Date/Place of Issuance:

Baybay City, Leyte

Signature (Sign inside the box)

April 3, 2023

Date Accomplished

Right Thumbmark

PHOTO

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

Person Administering Oath

CS FORM 22 (Revised 2017), Page 4 of 4