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 rint 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 . PERSONAL INFORMATION 2. SURNAME **SACRO** NAME EXTENSION (JR., SR) N/A FIRST NAME **CELSO** FRADES MIDDLE NAME 3. DATE OF BIRTH 05/28/1972 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH CALOOCAN CITY If holder of dual citizenship, Pls. indicate country: please indicate the details. Female 5. SEX ✓ Male 17. RESIDENTIAL ADDRESS Single ✓ Married Zone 4 6 CIVIL STATUS House/Block/Lot No. Widowed Separated GUADALUPE Other/s: Subdivision/Village Barangay 1.78 m BAYBAY LEYTE 7. HEIGHT (m) City/Municipality Province 8. WEIGHT (kg) 80 ZIP CODE 6521 18. PERMANENT ADDRESS Zone 4 9. BLOOD TYPE House/Block/Lot No. Street GUADALUPE 10. GSIS ID NO. 2001712872 Subdivision/Village Barangay BAYBAY LEYTE 11. PAG-IBIG ID NO. 170000272711 City/Municipalit 12. PHILHEALTH NO. 19-000815363-2 ZIP CODE 6521 06-1757412-3-000 19. TELEPHONE NO. NONE 13. SSS NO. 14. TIN NO. 917-640-617 20. MOBILE NO. 09094903543 5. AGENCY EMPLOYEE NO. V000459 21. E-MAIL ADDRESS (if any) celso.sacro@vsu.edu.ph **FAMILY BACKGROUND** MUAÑA 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) **CORINA** XANDER AIDAN MUAÑA SACRO 2006-10-24 FIRST NAME XYLEENA MUAÑA SACRO MIDDLE NAME MONTILLANO 2010-12-23 **TEACHER** OCCUPATION VFES EMPLOYER/BUSINESS NAME VSU Campus, Visca, Baybay Leyte **BUSINESS ADDRESS** TELEPHONE NO. 563-7190 24. FATHER'S SURNAME **SACRO** FIRST NAME **REYNALDO** MIDDLE NAME **BITOY** 25. MOTHER'S MAIDEN NAME **FRADES** SURNAME **ORTENCIA** FIRST NAME **FUENTES** MIDDLE NAME (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** SCHOLARSHIP IIGHEST LEVEL/ NAME OF SCHOOL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE UNITS YEAR ACADEMIC (Write in LEVEL EARNED (if not graduated) HONORS RECEIVED (Write in full) GRADUATED full) From То ELEMENTARY GAAS COMMUNITY SCHOOL **ELEMENTARY** W/HONOR 1979 1985 1985 SECONDARY **BAYBAY NATIONAL HIGH SCHOOL** HIGH SCHOOL 1985 1989 1989 VOCATIONAL / FRANCISCAN COLLEGE OF THE ASSOCIATE IN COMPUTER SCIENCE 1996 1994 1996 IMMACULATE CONCEPTION TRADE COURSE FRANCISCAN COLLEGE OF THE BS in COMMERCE Major in COLLEGE 1989 1993 1993 IMMACULATE CONCEPTION Accounting MASTERS IN PUBLIC on going **COLLEGE OF MAASIN GRADUATE STUDIES** 2024 18 units **ADMINISTRATION** studies **SIGNATURE** DATE

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING SPECIAL LAWS/ CES/ CSEE			DATE OF EXAMINATION / PLACE OF EXAMINATION / CONFERMENT			RMENT	LICENSE (if ap	oplicable) Date of	
BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	CONFERMENT				NUMBER	Validity
CAREER SERVICE SUB-PROFESSIONAL ELIGIBILITY			80.85%	2001-04-01	ST. JOSEPH COLLEGE, MAASIN CITY			N/A	N/A
CAREER SERVICE PROFESSIONAL ELIGIBILITY 82.26			82.26%	8/11/2024	ST. JOSEPH COLLEGE, MAASIN CITY			N/A	N/A
V WORKE	XPERIENCE		(Cor	ntinue on separate sheet l	if necessary)				
		nt. Start from your recen	t work) Descriptio	n of duties should b	e indicated in the atta	ached Work Exp	perience shee	et.	
7	SIVE DATES m/dd/yyyy)	POSITION TITLE		DEPARTMENT / AGENCY		. MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	SERVICE
From	To	abbreviate	(Write in full/Do not	full/Do r	(Write not abbreviate)	e in SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	
2024-01-01	PRESENT	ADMINISTRATIV	E AIDE VI	CASH OFFICE,	VISAYA	18,255.00		PERMANENT	Υ
2019-11-18	12/31/2023	ADMINISTRATIV	E AIDE VI	STATE UNIVERSITY CASH OFFICE, STATE UNIVERSITY		17,553.00		PERMANENT	Y
2019-01-01	2019-11-17	ADMINISTRATIV	E AIDE III	STATE UNIVERSITY CASH OFFICE, STATE UNIVERSITY		12,756.00		PERMANENT	Υ
2018-01-01	2018-12-31	ADMINISTRATIV	E AIDE III	CASH OFFICE, STATE UNIVERSIT	VISAYA	12,112.00		PERMANENT	Y
2017-01-01	2017-12-31	ADMINISTRATIV	E AIDE III	CASH OFFICE, STATE UNIVERSITY	VISAYA	AS 11,589.00		PERMANENT	Y
2016-05-10	2016-12-31	ADMINISTRATIV	E AIDE III	CASH OFFICE, STATE UNIVERSITY	VISAYA	AS 11,089.00		PERMANENT	Υ
2016-01-01	2016-05-09	ADMINISTRATIV	E AIDE III	CASH OFFICE,	VISAYA	AS 10,985.00		PERMANENT	Υ
2013-03-25	2015-12-31	ADMINISTRATIV	E AIDE III	CASH OFFICE,	VISAYA	AS 10,505.00		PERMANENT	Υ
2012-06-01	2013-03-24	ADMINISTRATIV		CASH OFFICE,	Y VISAY <i>A</i>	, i		PERMANENT	Y
				STATE UNIVERSITY FINANCE OFFICE,	Y Visay.	AS			
2011-06-01	2012-05-31	ADMINISTRATIV		STATE UNIVERSITY FINANCE OFFICE,	Y VISAY	9,628.00 AS		PERMANENT	Y
2010-06-24	2011-05-31	ADMINISTRATIV		STATE UNIVERSITY		8,854.00 AS		PERMANENT	Y
2010-03-25	2010-06-23	ADMINISTRATIV	E AIDE III	STATE UNIVERSITY	Y	8,080.00		PERMANENT	Y
2008-07-01	2010-03-24	ADMINISTRATIV	E AIDE III	STATE UNIVERSIT	Y	418.36/DAY		CASUAL	Y
2008-01-01	06/30/208	ADMINISTRATIV	E AIDE III	ACCOUNTING DIVI	Y	380.32/DAY		CASUAL	Y
2007-07-01	2007-12-31	ADMINISTRATIV	E AIDE III	ACCOUNTING DIVI	Y	AS 301.95/DAY		CASUAL	Y
2004-03-01	2007-06-30	ADMINISTRATIV	E AIDE III	ACCOUNTING DIVI		274.50/DAY		CASUAL	Υ
2001-07-01	2004-02-29	CLERK	I	ACCOUNTING DIVI VISAYAS STATE CO AGRICULTURE	SION	274.50/DAY		CASUAL	Υ
2000-01-01	2001-06-30	CLERK	I	ACCOUNTING DIVI		261.41/DAY		CASUAL	Y
4000 40 04	4000 40 04	CLERK		AGRICULTURE ACCOUNTING DIVI		007.04/DAV		CACHAI	v
1999-12-01	1999-12-31	CLERK	ı	VISAYAS STATE C	OLLEGE OF	237.64/DAY		CASUAL	Y
							<u> </u>		<u> </u>
	<u> </u>		(Cor	ntinue on separate sheet	if necessary)				

DATE

SIGNATURE

VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNMEN I			PRGANIZATIO	N/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	From	(mm/dd/vvvv)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A						
	(Con	tinue on separate s	sheet if necessary)			
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PI	ROGRAMS AT	TENDED			
(Start from the most recent L&D/training program and include	only the relevant L&D/training taken for t	the last five (5) years for Division Chiel INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		f/Executive/Manage		CONDUCTED/ SPONSORED BY (Write in full)
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENT (Write in fi					Type of LD (Managerial/ Supervisory/	
		From	То		Technical/etc)	
CASH MANAGEMENT AND CONTROL SYSTEM		11/21/2023	11/24/2023	24		COA, RO No. VII CANDAHUG, PALO, LEYTE
ISO 9001:2015 AWARENESS & RE-AWARENESS WEBII	VAR	08/29/2023	08/29/2023	8		VSU, VISCA BAYBAY CITY LEYTE
WORKING TOWARDS PERSONAL EFFECTIVENESS		08/22/2023	08/25/2023	32		POAP, INC
KNOW YOUR MONEY AND CONTERFEIT DETECTION		02/26/2021	02/26/2021	8		BANKERS INSTITUTE OF THE PHILS. INC
FRONTLINE AND CUSTOMER SERVICE		09-24-2019	09-27-2019	32		POAP, INC
2016 REGIONAL ORIENTATION ON THE EDUCATION S PROGRAM AND ESC INFORMATION MANAGEMENT SY		04/21/2016	04/22/2016	16		PRIVATE DUCATION ASSISTANCE COMMITTEE
PHILHEALTH EMPLOYER'S ENGAGEMENT REPRESEN	TATIVE (PEER) SUMMIT	04/30/2013	04/30/2013	8		PHILHEALTH REGION VIII
GMIS WEB-BASED APPLICATION SYSTEM		10/29/2012	10/30/2012	16		VSU, VISCA
SEMINAR WORKSHOP ON AGAP-EV AND PICPA-EVR 2		05/06/2009	05/08/2009	24		PICPA REGION VIII
SEMINAR ON COMPUTER MAINTENANCE SECURITY A SOURCE APPLICATION	IND APPRECIATION ON OPEN	3/18/2009	3/18/2009	8		VSU-ICTU
PMS-OPES WORKSHOP		7/26/2008	7/26/2008	8		VSU FINANCE
	(0.					
VIII. OTHER INFORMATION	(Con	tinue on separate s	sheet if necessary)			
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RE	ECOGNITION				MEMBERSHIP IN ASSOCIATION/ORGANIZATION 33. (Write in
			(Write in full)			full)
Troubleshoot and diagnose computer problem Reformat personal computer						SECULAR FRANCISCAN ALLIANCE
Install new hardware and sorftware in a computer						
Knows Adobe photoshop program						
This is a description of the second of the s						
	(Con	tinue on separate s	sheet if necessary)			
SIGNATURE				DA	ATE	
-						

 34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care 	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:			
35. a. Have you ever been found guilty of any administrative offe	✓ YES			
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:			
36. Have you ever been convicted of any crime or violation of an any court or tribunal?	☐ YES ☑ NO If YES, give details:			
37. Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fir in the public or private sector?	YES NO If YES, give details:			
a. Have you ever been a candidate in a national or local electron Barangay election)? b. Have you resigned from the government assures during the	☐ YES ☑ NO If YES, give details:			
 b. Have you resigned from the government service during the election to promote/actively campaign for a national or local or 	☐ YES ☑ NO If YES, give details:			
39. Have you acquired the status of an immigrant or permanent of	☐ YES ☑ NO If YES, give details (country):			
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), page 3. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐ YES			
41. REFERENCES (Person not related by consanguinity or affinity to applicant a		If YES, please specify ID No:		
NAME	ADDRESS	TEL. NO.		
QUEEN-EVER Y. ATUPAN	VSU-CASH OFFICE BAYBAY LEYTE	0998-337-2201		
LOUELLA C. AMPAC	VSU-FINANCE OFFICE,BAYBAY LEYTE	053-563-7189		
ALICE M. FLORES	VSU-BUDGET OFFICE,BAYBAY LEYTE	0917-634-1430		
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. agree that any misrepresentation made in this document and its attachments shall cause the filling of administrative/criminal case/s against me.				
PLEASE INDICATE ID Number and Date of				
Government Issued ID: COMPANY ID				
ID/License/Passport No.: V000459	nse/Passport No.: V000459 Signature (Sign inside the			
Date/Place of Issuance: VSU, VISCA, BAYBAY CITY, LEYTE	11-04-2024 Date Accomplished	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued government ID as indicated above.		
	Person Administering Oat			
	CS FORM 212 (Revised 2017), Page 4			