

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 () ☐ 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	VIBAR		
FIRST NAME	JOYCE LOURINE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LINA		
3. DATE OF BIRTH (mm/dd/yyyy)	6/25/1996	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	HILONGOS, LEYTE	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	<div>House/Block/Lot No. Street</div> <div>Montes Boarding House PANGASUGAN</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY LEYTE</div> <div>City/Municipality Province</div>
7. HEIGHT (m)	5'1	ZIP CODE	6521
8. WEIGHT (kg)	40 KG		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	<div>PUROK SANTO ROSARIO NA</div> <div>House/Block/Lot No. Street</div> <div>NA NAVAL</div> <div>Subdivision/Village Barangay</div> <div>HILONGOS LEYTE</div> <div>City/Municipality Province</div>
10. GSIS ID NO.		ZIP CODE	6524
11. PAG-IBIG ID NO.	121265885075		
12. PHILHEALTH NO.	13-250501647-9		
13. SSS NO.		19. TELEPHONE NO.	N/A
14. TIN NO.	898-760-199	20. MOBILE NO.	09263639599
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	joycelourinevibar25@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	VIBAR		
FIRST NAME	QUIRINO	NAME EXTENSION (JR., SR) SR	
MIDDLE NAME	ROSALES		
25. MOTHER'S MAIDEN NAME			
SURNAME	LINA		
FIRST NAME	FELISA		
MIDDLE NAME	LABIDES		(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL <small>(in full)</small>	BASIC EDUCATION/DEGREE/COURSE <small>(Write in full)</small>	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED <small>(if not graduated)</small>	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	NAVAL ELEMENTARY SCHOOL	PRIMARY	2005	2009	NA	2009	NA
SECONDARY	NAVAL NATIONAL HIGH SCHOOL	SECONDARY	2009	2013	NA	2013	NA
VOCATIONAL /	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN HOTEL RESTAURANT TOURISM MANAGEMENT	2013	2019	NA	2019	NA
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 2,2025
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IV. CIVIL SERVICE ELIGIBILITY								
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		LICENSE (if applicable)	
							NUMBER	Date of Validity
	N/A		N/A	N/A	N/A		N/A	N/A
(Continue on separate sheet if necessary)								
V. WORK EXPERIENCE								
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.								
28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE
	From	To						
	2/3/2025	3/31/2025	ADMIN AIDE 1	INSTITUTE OF TROPICAL ECOLOGY AND ENVIRONMENTAL MANAGEMENT	12000	N/A	JO	YES
	2/27/2024	1/31/2025	INFORMATION CLERK/ PHIC PERSONNEL	LEYTE BAPTIST HOSPITAL	8000	N/A	REGULAR	NO
	1/10/2023	1/16/2024	BILLER	FRIEGHT PROCESS OUTSOURCING SOLUTIONS INC	7000.00	N/A	REGULAR	NO
(Continue on separate sheet if necessary)								
SIGNATURE					DATE	April 2 2025		

