

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	SAS		
FIRST NAME	CLARISSA MAE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LAROA	N/A	
3. DATE OF BIRTH (mm/dd/yyyy)	05/20/2001	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	MANTAHAN, MAASIN CITY	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
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	N/A R. KANGLEON House/Block/Lot No. Street N/A MANTAHAN Subdivision/Village Barangay MAASIN SOUTHERN LEYTE City/Municipality Province
7. HEIGHT (m)	1.60	ZIP CODE	6600
8. WEIGHT (kg)	52	18. PERMANENT ADDRESS	N/A R. KANGLEON House/Block/Lot No. Street N/A MANTAHAN Subdivision/Village Barangay MAASIN SOUTHERN LEYTE City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	6600
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	N/A	20. MOBILE NO.	09095086501
12. PHILHEALTH NO.	13-253390356-1	21. E-MAIL ADDRESS (if any)	sasclarissamae@gmail.com
13. SSS NO.	N/A		
14. TIN NO.	632-278-332-00000		
15. AGENCY EMPLOYEE NO.			


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	SAS			
FIRST NAME	FELIX	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PADILLA	N/A		
25. MOTHER'S MAIDEN NAME				
SURNAME	LAROA			
FIRST NAME	LOLITA			
MIDDLE NAME	ORAG		(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	MAASIN CITY SPED CENTER	ELEMENTARY EDUCATION	2007	2013	N/A	2013	2ND HONORABLE
SECONDARY	SAINT JOSEPH COLLEGE	SENIOR HIGH SCHOOL EDUCATION	2017	2019	N/A	2019	HIGH HONORS
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE OF UNIVERSITY - MAIN CAMPUS	BACHELOR OF SCIENCE IN BIOLOGY MAJOR IN ZOOLOGY	2019	2023	N/A	2023	MAGNA CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	08/25/2023
-----------	---	------	------------

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		
(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 (Y/ N)
	From	To						
(Continue on separate sheet if necessary)								
SIGNATURE					DATE		08/25/2023	



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		
	PHILIPPINE RED CROSS- SOUTHERN LEYTE CHAPTER - ABGAO, MAASIN CITY SOUTHERN LEYTE	2016	Present		VOLUNTEER

(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			
	PLANT PATHOLOGY AND SCIENTIFIC WRITING	05/01/2023	05/01/2023	4	TECHNICAL	MARK ANGELO BALENDRES
	MOLECULAR EVOLUTIONARY ANALYSIS OF INDIGENOUS ANIMAL GENETIC RESOURCES CONTRIBUTING TO SUSTAINABLE AGRICULTURE IN SOUTHEAST ASIA AND ITS UTILIZATION: CHICKEN, PIGS & WILD ANIMALS	03/09/2023	03/09/2023	4	TECHNICAL	THE OFFICE OF THE GRADUATE SCHOOL
	TALENT BASKET TALK CAMPUS	06/22/23	06/22/23	4	TECHNICAL	TALENT BASKET
	UNDERSTANDING NATURAL HAZARDS IN THE PHILIPPINES	09/10/2021	09/10/2021	4	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY- SCIENCE EDUCATION INSTITUTE (DOST-SEI)
	STRENGTHENING INDIVIDUAL AND FAMILY RESILIENCY	08/27/2021	08/27/2021	4	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY- SCIENCE EDUCATION INSTITUTE (DOST-SEI)
	SCHOLARS' VALUES FORMATION PROGRAM	03/26/2021	03/26/2021	8	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY- SCIENCE EDUCATION INSTITUTE (DOST-SEI)
	DEEPENING CIVIC LEADERSHIP AND HUMANITARIANISM AMONG PATRIOT SCHOLARS THROUGH SECTORAL INITIATIVES	11/20/2020	11/20/2020	4	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY- SCIENCE EDUCATION INSTITUTE (DOST-SEI)










VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	READING, PHOTOTOGRAPHY				COUPLES FOR CHRIST- YOUTH FOR CHRIST SOUTHERN LEYTE

(Continue on separate sheet if necessary)

SIGNATURE	DATE
	08/25/2023



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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>DARIUS NOEL C. MIÑOZA</td><td>VSU, VISCA BAYBAY CITY, LEYTE</td><td>(+63) 929-802-2017</td></tr><tr><td>JUSTINNE BENNETTE H. MILLADO</td><td>VSU, VISCA BAYBAY CITY, LEYTE</td><td>(+63) 921-572-5222</td></tr><tr><td>FRETZELJANE O. POGADO</td><td>VSU, VISCA BAYBAY CITY, LEYTE</td><td>(+63) 946-514-9500</td></tr></table>		NAME	ADDRESS	TEL. NO.	DARIUS NOEL C. MIÑOZA	VSU, VISCA BAYBAY CITY, LEYTE	(+63) 929-802-2017	JUSTINNE BENNETTE H. MILLADO	VSU, VISCA BAYBAY CITY, LEYTE	(+63) 921-572-5222	FRETZELJANE O. POGADO	VSU, VISCA BAYBAY CITY, LEYTE	(+63) 946-514-9500
NAME	ADDRESS	TEL. NO.											
DARIUS NOEL C. MIÑOZA	VSU, VISCA BAYBAY CITY, LEYTE	(+63) 929-802-2017											
JUSTINNE BENNETTE H. MILLADO	VSU, VISCA BAYBAY CITY, LEYTE	(+63) 921-572-5222											
FRETZELJANE O. POGADO	VSU, VISCA BAYBAY CITY, LEYTE	(+63) 946-514-9500											
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.													
<table><tr><td colspan="2">Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>TIN</td></tr><tr><td>ID/License/Passport No.:</td><td>632-278-332-00000</td></tr><tr><td>Date/Place of Issuance:</td><td>18/08/2023</td></tr></table>	Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	TIN	ID/License/Passport No.:	632-278-332-00000	Date/Place of Issuance:	18/08/2023	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>08/25/2023</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	08/25/2023	Date Accomplished
Government Issued ID (I.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID:	TIN												
ID/License/Passport No.:	632-278-332-00000												
Date/Place of Issuance:	18/08/2023												
													
Signature (Sign inside the box)													
08/25/2023													
Date Accomplished													
<table><tr><td></td></tr><tr><td>CLARISSA/MAE L. SAS</td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>			CLARISSA/MAE L. SAS	PHOTO		Right Thumbmark							
													
CLARISSA/MAE L. SAS													
PHOTO													
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>_____ Person Administering Oath</td></tr></table>		_____ Person Administering Oath											
_____ Person Administering Oath													