

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	SABEJON		
FIRST NAME	REMELITO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	AZARES		
3. DATE OF BIRTH (mm/dd/yyyy)	09/05/1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Philippines	
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	SAN VICENTE House/Block/Lot No. Street Subdivision/Village KILIM BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	167cm	ZIP CODE	6521
8. WEIGHT (kg)	69kg	18. PERMANENT ADDRESS	SAN VICENTE House/Block/Lot No. Street Subdivision/Village KILIM BAYBAY CITY LEYTE City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1212-6580-1860	20. MOBILE NO.	09651778482
12. PHILHEALTH NO.	13-250343454-0	21. E-MAIL ADDRESS (if any)	remelito.sabejon@vsu.edu.ph
13. SSS NO.	34-9107038-7		
14. TIN NO.	605-145-741		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

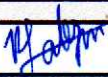
22. SPOUSE'S SURNAME	N/A	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	SABEJON		
FIRST NAME	LOLITO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	TABARANZA		
25. MOTHER'S MAIDEN NAME			
SURNAME	AZARES		
FIRST NAME	REMEDIOS		
MIDDLE NAME	NAPOLIS		

(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	KILIM ELEMENTARY SCHOOL		2002	2008		2008	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL		2008	2012		2012	
VOCATIONAL / TRADE COURSE	N/A		N/A	N/A		N/A	
COLLEGE	VISAYAS STAE UNIVERSITY		2012	2019		2019	
GRADUATE STUDIES	N/A		N/A	N/A		N/A	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/03/25
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[illegible]

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

[illegible]

SIGNATURE	<i>[Signature]</i>	DATE	07/03/25
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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		
	Visayas State University ROTC UNIT	20/08/2017	28/02/2019		GRADUATE MILITARY ASSISTANT(GMA)

(Continue on separate sheet if necessary)

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

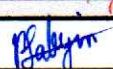
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Workshop on the Completion of LUDIP	03/17/2025	04/04/2025	32 hours		Visayas State University - Tolosa Campus
	Orientation on Financial Management transaction in VSU	03/13/2025	03/13/2025	8 hours		Visayas State University
	University Strategic Planning Training Workshop	07/22/2024	07/28/2024	40 hours		Visayas State University
	Strategic Foresight-Scenario Building Training Workshop	07/15/2024	07/19/2024	40 hours		Visayas State University
	Orientation of Guidelines and Procedures on Processes/Services of the Offices under ASO	02/23/2024	02/23/2024	8 hours		Visayas State University
	ISO 9001:2015 Awareness & Re-awareness Webinar	08/29/2023	08/29/2023	8 hours		Visayas State University
	HRIS Software Onboarding	12/06/2023	12/06/2023	8 hours		Visayas State University
	Training-Workshop on Claims Adjustment and Settlement	03/10/2020	03/11/2020	16 hours		Philippine Crop Insurance Corporation
	Seminar-Lecture on Horticulture in Pakistan	09/10/2014	09/10/2014	8 hours		Philippine Root Crop research and Training Center

(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)
	Language: Can speak English		N/A		N/A
	Computers Literacy: MS word, MS Excel and MS PowerPoint				
	Drawing Realistic Portrait				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/03/25
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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: _____

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.
Glenn G. Pajares	Ormoc City	1004
Manuel. D. Gacutan Jr.	VSU	1017
Toni Marc L. Dargantes	Baybay City	1160

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 and Date of Issuance	 Signature (Sign inside the box) 07/03/25 Date Accomplished	 Right Thumbmark
Government Issued ID: PhilHealth ID		
ID/License/Passport No.: 13-250343454-0		
Date/Place of Issuance: 05-07-2022 / BAYBAY CITY		

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

Person Administering Oath