

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	DESADES		
FIRST NAME	CHRISCEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MIÑOZA		
3. DATE OF BIRTH (mm/dd/yyyy)	DECEMBER 4, 1994	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	ISABEL, 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:		
7. HEIGHT (m)	1.53M	17. RESIDENTIAL ADDRESS	SANIKAPARTMENT House/Block/Lot No. Street
8. WEIGHT (kg)	48KG		GUADALUPE (UTOD) Subdivision/Village Barangay
9. BLOOD TYPE	0+		BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N.A.		ZIP CODE 6521
11. PAG-IBIG ID NO.	1212-0194-1511	18. PERMANENT ADDRESS	189 House/Block/Lot No. Street
12. PHILHEALTH NO.	13-050194985-0		BALUGO Subdivision/Village Barangay
13. SSS NO.	0639870287		ALBUERA LEYTE City/Municipality Province
14. TIN NO.	703-398-241		ZIP CODE 6542
15. AGENCY EMPLOYEE NO.		19. TELEPHONE NO.	N.A.
		20. MOBILE NO.	09617857816
		21. E-MAIL ADDRESS (if any)	chriscel.desades@vsu.edu.ph

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	DESADES			
FIRST NAME	CRESCENCIANO	NAME EXTENSION (JR., SR) JR.		
MIDDLE NAME	MISPEROS			
25. MOTHER'S MAIDEN NAME				
SURNAME	MIÑOZA			
FIRST NAME	TERESITA			
MIDDLE NAME	VILLAPLAZA		(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	ALBUERA SOUTH CENTRAL SCHOOL		JUNE 2001	APRIL 2006		2006	
SECONDARY	DAMULAAN NATIONAL HIGH SCHOOL		JUNE 2006	APRIL 2010		2010	
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	JUNE 2010	APRIL 2015		2015	
GRADUATE STUDIES	PALOMPON INSTITUTE OF TECHNOLOGY	MASTER OF ARTS IN EDUCATION	JANUARY 2020	PRESENT			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JANUARY 21, 2022
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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		

(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			

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	ARTS & CRAFTS			
	PLAYING SPORTS			
	DOING MINISTRY			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JANUARY 21, 2022
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the 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?

☐ YES☒ NO

If YES, give details:  
\_\_\_\_\_

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 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)?

☐ YES☒ NO

If YES, give details: \_\_\_\_\_

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: \_\_\_\_\_

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

a. Are you a member of any indigenous group?

☐ YES☒ NO

If YES, please specify: \_\_\_\_\_

b. Are you a person with disability?

☐ YES☒ NO

If YES, please specify ID No: \_\_\_\_\_

c. Are you a solo parent?

☐ YES☒ NO

If YES, please specify ID No: \_\_\_\_\_

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

NAME	ADDRESS	TEL. NO.
MA.LORENA C. MATUGUINA	LINAO, ORMOC CITY	09192476803
ALELI A. VILLOCINO	VISCA, BAYBAY CITY	09173040879
HELMAR G. YCONG	MAYBOG, BAYBAY CITY	09275424182

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

Government Issued ID: PRC ID

ID/License/Passport No.: 1397334

Date/Place of Issuance: DECEMBER 11, 2015

Signature (Sign inside the box)  
JANUARY 21, 2022

Date Accomplished

ID picture taken within the last 6 months  
3.5 cm. X 4.5 cm  
(passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

Right Thumbmark

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

Person Administering Oath

