

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	MANAGBANAG		
FIRST NAME	MARK JOHN		NAME EXTENSION (JR., SR)
MIDDLE NAME	MARANGUIT		
3. DATE OF BIRTH (mm/dd/yyyy)	November 07, 1997	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		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Purok 2 Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.68	18. PERMANENT ADDRESS	House/Block/Lot No. Street Purok 2 Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	70	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	O+	20. MOBILE NO.	09999047166
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	markjohn.managbanag@vsu.edu.ph
11. PAG-IBIG ID NO.	1212-6871-4401		
12. PHILHEALTH NO.	1325-0364-9105		
13. SSS NO.	N/A		
14. TIN NO.	725-657-737		
15. AGENCY EMPLOYEE NO.	N/A		

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)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MANAGBANAG			
FIRST NAME	ISMAEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	OLAMIT			
25. MOTHER'S MAIDEN NAME	MARANGUIT			
SURNAME	MARANGUIT			
FIRST NAME	MARY JANE			
MIDDLE NAME	ZETA			

(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	PANGASUGAN ELEMNTARY SCHOOL	N/A	2004	2010	N/A	2010	N/A
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	N/A	2010	2014	N/A	2014	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2014	2019	N/A	2019	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE	7-11-25
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[illegible]

V. WORK EXPERIENCE

[illegible]
$$7 - 11 - 2\sqrt{5}$$

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		
	N/A	N/A	N/A	N/A	N/A

(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			
	Seminar Workshop Barangay Development Planning	10/23/2018	10/25/2018	24 hrs.		Institute of Strategic Research & Development (ISRDS)
	Training on Identification of Proper and Complete Items Technical Specification	08/28/2020	08/28/2020	8 hrs.		Bids and Awards Committee (BAC)
	ISO 90001:2015 Awareness/Re-awareness	11/27/2020	11/27/2020	8 hrs.		Quality Assurance Center (QAC)
	Hands-Only Cardiopulmonary Resuscitation	07/21/2022	07/22/2022	4 hrs.		Department of Health (DOH)
	Training for School Registrars of GASTPE Schools on Documentary Requirements	08/26/2022	08/26/2022	4 hrs.		Private Education Assistance Committee (PEAC)
	Re-orientation of Duties and Responsibilities of dDRCs and AdDRCs, and Cascading of Documents and Records Control Procedure Manuals	09/07/2022	09/07/2022	8 hrs.		Quality Assurance Center (QAC)
	Website Development of Digital Resource Hub and Training Workshop with Online Learning of Digital Skills for Standard Accounting and Records	03/30/2023	03/31/2023	24 hrs.		National Youth Commission w/ UNIFY, Inc.
	GPPB Basic Course Training on the R.A 9184 and its Revised Implementing Rules & Regulations Act of 2016 for VSU	08/22/2023	08/24/2023	24 hrs.		Bids and Awards Committee (BAC)
	2023 Orientation Conferences on the Implementation of the SHS Voucher Program in SY 2023-2024	08/25/2023	08/25/2023	8 hrs.		Private Education Assistance Committee (PEAC)
	Unlocking Excellence: The 5S Revolution for Clerks and Heads at Visayas State University	09/29/2023	09/29/2023	8 hrs.		Quality Assurance Center (QAC)
	Orienatation of Guidelines and Procedures on Processes/Services of the Offices	02/23/2024	02/23/2024	8 hrs.		Administrative Services Office (ASO)
	GASTPE Regional Orientation Conference on the Implementation of the ESC, TSS and SHS Voucher Program in SY 2024-2025	07/25/2024	07/25/2024	8 hrs.		Department of Education (DepED)
	In-House Seminar - Workshop on Basic Records and Archives Management (BRAM)	07/30/2024	07/31/2024	24 hrs.		Administrative Services Office (ASO)




(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)
	COMPUTER SKILLS		N/A		N/A
	MICROSOFT WORD & EXCEL				
	FARMING				
	COOKING				
	DRIVING				
	BASKETBALL				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7-11-25
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. SHALOM GRACE S. VEGA</td> <td>VSICA, BAYBAY CITY, LEYTE</td> <td>9122654495</td> </tr> <tr> <td>DR. LEO A. MAMOLO</td> <td>VSICA, BAYBAY CITY, LEYTE</td> <td></td> </tr> <tr> <td>DR. ALELI A. VILLOCINO</td> <td>VSICA, BAYBAY CITY, LEYTE</td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. SHALOM GRACE S. VEGA	VSICA, BAYBAY CITY, LEYTE	9122654495	DR. LEO A. MAMOLO	VSICA, BAYBAY CITY, LEYTE		DR. ALELI A. VILLOCINO	VSICA, BAYBAY CITY, LEYTE	
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<p>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.</p>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: DRIVERS LICENSE</p> <p>ID/License/Passport No.: H12-18-002225</p> <p>Date/Place of Issuance: BAYBAY CITY</p>	<p style="text-align: center;">  Signature (Sign inside the box) 7-11-25 Date Accomplished </p>												
<p style="text-align: center;">SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  PHOTO </div> <div style="text-align: center;">  Right Thumbmark </div> </div>													