

# 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	BONGCALES		
FIRST NAME	MARIAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SACRO		
3. DATE OF BIRTH (mm/dd/yyyy)	24/08/1996	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	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	<div>▼</div>
5. SEX	<input type="checkbox"/> Male <input checked="" 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 BRGY. GUADALUPE Subdivision/Village Barangay BAYBAY CITY, LEYTE City/Municipality Province
7. HEIGHT (m)	1.53	ZIP CODE	6521
8. WEIGHT (kg)	52		
9. BLOOD TYPE	O'	18. PERMANENT ADDRESS	House/Block/Lot No. Street BRGY. GUADALUPE Subdivision/Village Barangay BAYBAY CITY, LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	121266359022		
12. PHILHEALTH NO.	13-252952848-9	19. TELEPHONE NO.	N/A
13. SSS NO.	N/A	20. MOBILE NO.	09368135015/09201035896
14. TIN NO.	763-843-930	21. E-MAIL ADDRESS (if any)	<a href="mailto:marian.sacro@vsu.edu.ph">marian.sacro@vsu.edu.ph</a>
15. AGENCY EMPLOYEE NO.			

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BONGCALES		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARK LOUISE	NAME EXTENSION (JR., SR)	CALYX GIDEON LOUISE S. BONGCALES	01/02/2023
MIDDLE NAME	OBEÑA			
OCCUPATION	ELECTRICIAN			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	SACRO			
FIRST NAME	FELIX	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BITOY			
25. MOTHER'S MAIDEN NAME				
SURNAME	GRANADA			
FIRST NAME	HERNAME			
MIDDLE NAME	IBÁÑEZ		(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	BAYBAY I CENTRAL SCHOOL	N/A	2003	2009	N/A	2009	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	N/A	2009	2013	N/A	2013	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	2015	2019	N/A	2019	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER IN MANAGEMENT	2021	2022	12 UNITS		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/24/2023
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[illegible]


(Continue on separate sheet if necessary)






## V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/24/2023
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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			
	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			
	PURCHASE REQUEST (PR) MODULE OF THE SUPPLY PROPERTIES PROCUREMENT MANAGEMENT INFORMATION SYSTEMS (SPPMIS)	28/08/2020	28/08/2020	4		VSU SPPMIS
	DOCUMENT TRACKING SYSTEMS	13/11/2020	13/11/2020	3		VSU HRIS
(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)	
	EVALUATION		N/A		N/A	
	READING/WRITING					
	COMMUNICATION					
	ICT Skills					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	7/24/2023	

<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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>RENATO A. MAALA</td> <td>BAYBAY CITY, LEYTE</td> <td>9606090137</td> </tr> <tr> <td>NORMA O. VILLAS</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td>9061023570</td> </tr> <tr> <td>LOUISA MARIE B. ANDRADE</td> <td>STA. CRUZ, BAYBAY CITY, LEYTE</td> <td>563-7527</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	RENATO A. MAALA	BAYBAY CITY, LEYTE	9606090137	NORMA O. VILLAS	VISCA, BAYBAY CITY, LEYTE	9061023570	LOUISA MARIE B. ANDRADE	STA. CRUZ, BAYBAY CITY, LEYTE	563-7527
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LOUISA MARIE B. ANDRADE	STA. CRUZ, BAYBAY CITY, LEYTE	563-7527											
<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>													
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>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; height: 40px; margin-top: 10px;"></div> <p style="text-align: center; margin-top: 5px;">Person Administering Oath</p> </div> <div style="width: 45%; text-align: center;">             PHOTO         </div> </div> <div style="text-align: center; margin-top: 20px;">             Right Thumbmark         </div>													