

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	ESCOTOTO			
FIRST NAME	ANGELA	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	RITAGA			
3. DATE OF BIRTH (mm/dd/yyyy)	09/04/1996	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	BUNGA, ABUYOG, 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:	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. Street N/A SAN AGUSTIN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521	
7. HEIGHT (m)	1.43	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A SAN AGUSTIN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521	
8. WEIGHT (kg)			ZIP CODE	6521
9. BLOOD TYPE	O		19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A		20. MOBILE NO.	09311524203
11. PAG-IBIG ID NO.	N/A	21. E-MAIL ADDRESS (if any)	angela.escototo@vsu.edu.ph	
12. PHILHEALTH NO.	13-000123929-6			
13. SSS NO.	N/A			
14. TIN NO.	709-130-206			
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		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	ESCOTOTO		N/A	N/A
FIRST NAME	JIMMY	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	ELISEO		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	RITAGA		N/A	N/A
FIRST NAME	NIDA		N/A	N/A
MIDDLE NAME	VERTERRA		(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	BUNGA ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2009	N/A	2009	3rd HONOR
SECONDARY	ABUYOG NATIONAL HIGH SCHOOL	HIGH SCHOOL	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 AGRICULTURE	2013	2017	N/A	2017	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN AGRONOMY	2018	2020	N/A	2020	N/A

SIGNATURE		DATE	
		07/21/2021	

[illegible]

V. WORK EXPERIENCE

[illegible][illegible]

SIGNATURE		DATE	07/21/2021
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS				
29	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS
		From	To	
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (LAD) 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			
	WOMEN IN ENVIRONMENTAL BIOLOGY	11/02/2020	11/02/2020	9	TECHNICAL	UNIVERSITAT AUTÓNOMA DE BARCELONA/ DOST-CARAGA
	DISCOVER BEST PRACTICE FARMING FOR A SUSTAINABLE 2050	10/18/2020	10/18/2020	9	TECHNICAL	THE UNIVERSITY OF WESTERN AUSTRALIA/ DOST-CARAGA
	INTRODUCTION TO ALGAE	10/16/2020	10/17/2020	10	TECHNICAL	UNIVERSITY OF CALIFORNIA SAN DIEGO/DOST-CARAGA
	UNDERSTANDING PLANTS-PART II: FUNDAMENTALS OF PLANT BIOLOGY	10/04/2020	10/04/2020	6	TECHNICAL	TEL AVIV UNIVERSITY/ DOST CARAGA
	UNDERSTANDING PLANTS- PART I: WHAT A PLANT KNOWS	9/30/2020	10/01/2020	11	TECHNICAL	TEL AVIV UNIVERSITY/ DOST CARAGA
	SEMINAR ON WRITING SCIENTIFIC PAPERS FOR PEER-REVIEWED JOURNALS	11/14/2019	11/14/2019	4	TECHNICAL	COLLEGE OF AGRICULTURE AND FOOD SCIENCE
	SEMINAR ON AGRI-RESEARCH TOOL AND DATA ANALYSIS	10/25/2019	10/25/2019	4	TECHNICAL	COLLEGE OF AGRICULTURE AND FOOD SCIENCE
	SEMINAR SERIES ON THE PHYSIOLOGICAL ASPECTS OF CROP PRODUCTION	05/29/2019	05/29/2019	4	TECHNICAL	COLLEGE OF AGRICULTURE AND FOOD SCIENCE
	SEMINAR ON DESIGNING SCIENTIFIC POSTER PAPERS	11/28/2018	11/28/2018	4	TACHNICAL	COLLEGE OF AGRICULTURE AND FOOD SCIENCE
	ECHO SEMINAR- WORKSHOP ON THE 1ST ASSOCIATION OF EDUCATION RESEARCHERS AND TRAINERS (ASSERT) NATIONAL CONVENTION ON OUTCOME-BASED EDUCATION	02/07/2018	02/07/2018	8	TECHNICAL	VISAYAS STATE UNIVERSITY
	SEMINAR ON INTELLECTUAL PROPERTY FOUNDATION COURSE	12/05/2017	12/06/2017	16	TECHNICAL	VISAYAS STATE UNIVERSITY
	SEMINAR ON CHEMICAL SAFETY IN THE LABORATORY	11/10/2016	11/10/2016	2	TECHNICAL	DEPARTMENT OF SOIL SCIENCE
	SEMINAR ON 2nd NATIONAL ORGANIC AGRICULTURE SCIENTIFIC CONFERENCE	2/16/2016	2/20/2016	32	TECHNICAL	VISAYAS STATE UNIVERSITY
	SEMINAR ON EVALUATION OF SOIL MICROBIAL FUNCTIONS FOR SUSTAINABLE AGRICULTURE AND EVALUATION AND UTILIZATION OF RICE AS RUMINANT FEEDS	09/03/2015	09/03/2015	4	TECHNICAL	DEPARTMENT OF SOIL SCIENCE
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A


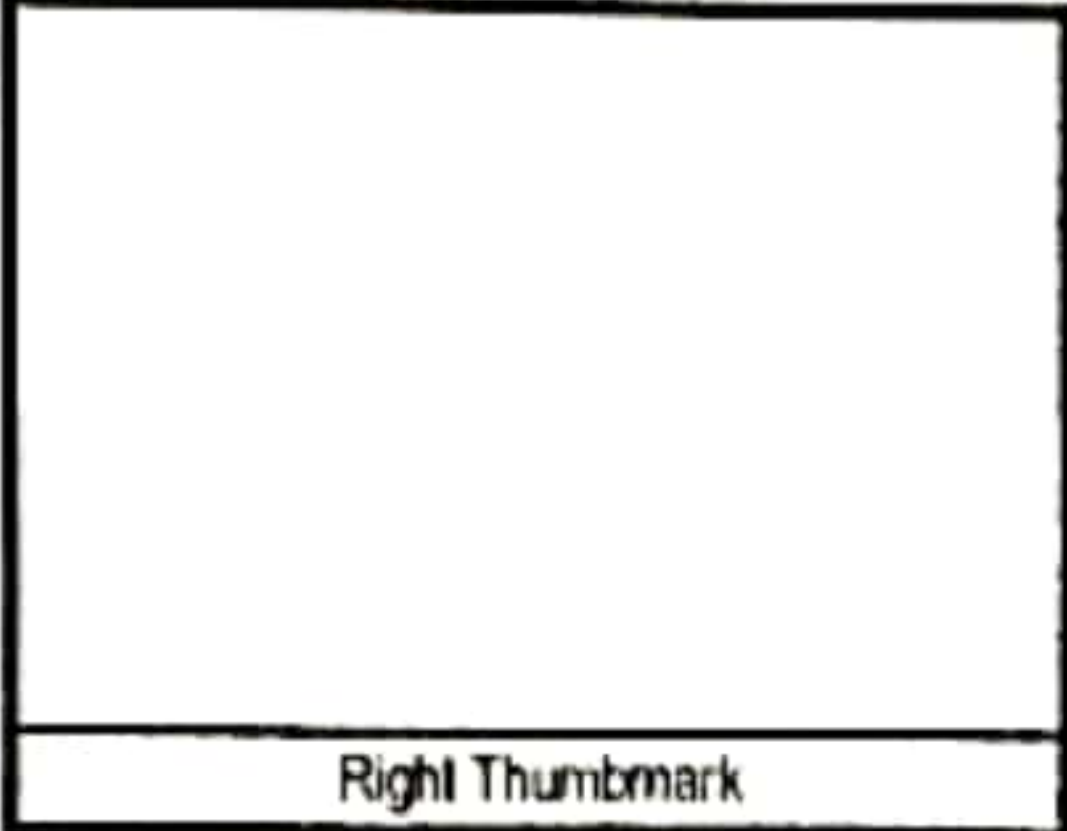

(Continue on separate sheet if necessary)

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 Literate (MS Word, Excel, PowerPoint)		N/A		N/A
	Can work under pressure and with minimal supervision		N/A		N/A
	Fast learner		N/A		N/A
	Hardworking and willing to be trained for further improvement		N/A		N/A
	N/A		N/A		N/A
	N/A		N/A		N/A
	N/A		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/21/2021
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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)?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details: FINISHED CONTRACT</div>												
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Dr. Ulysses A. Cagasan</td><td>VSU VISCa Baybay City, Leyte</td><td>+639452309477</td></tr><tr><td>Dr. Berta C. Ratilla</td><td>VSU VISCa Baybay City, Leyte</td><td>+639262597123</td></tr><tr><td>Dr. Ruth O. Escasinas</td><td>VSU VISCa Baybay City, Leyte</td><td>+639159626403</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	Dr. Ulysses A. Cagasan	VSU VISCa Baybay City, Leyte	+639452309477	Dr. Berta C. Ratilla	VSU VISCa Baybay City, Leyte	+639262597123	Dr. Ruth O. Escasinas	VSU VISCa Baybay City, Leyte	+639159626403
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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.		<div></div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</div>												
<div>Government Issued ID (i.e. Passport, GSIS, SSS, PHIC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <table><tr><td>Government Issued ID</td><td>PhilHealth ID</td></tr><tr><td>ID/License/Passport No</td><td>130001239296</td></tr><tr><td>Date/Place of Issuance</td><td>VSU, Visca, Baybay City, Leyte</td></tr></table>	Government Issued ID	PhilHealth ID	ID/License/Passport No	130001239296	Date/Place of Issuance	VSU, Visca, Baybay City, Leyte	<div></div> <div>Signature (Sign inside the box)</div> <div>_____</div> <div>Date Accomplished</div>							
Government Issued ID	PhilHealth ID													
ID/License/Passport No	130001239296													
Date/Place of Issuance	VSU, Visca, Baybay City, Leyte													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div>_____</div> <div>Person Administering Oath</div>														