

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	DAJAO		
FIRST NAME	FRANCES LOUISE	NAME EXTENSION (JR., SR) NA	
MIDDLE NAME	BASALO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/16/1998	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 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	586 30 DE DECEMBRE House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	6521
8. WEIGHT (kg)	77	18. PERMANENT ADDRESS	586 30 DE DECEMBRE House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
9. BLOOD TYPE	O+	ZIP CODE	6521
10. GSIS ID NO.	NA	19. TELEPHONE NO.	NA
11. PAG-IBIG ID NO.	1212-5977-5485	20. MOBILE NO.	0933-524-0629
12. PHILHEALTH NO.	13-250338479-9	21. E-MAIL ADDRESS (if any)	dajao.franceslouis@yahoo.com
13. SSS NO.	34-9022724-1		
14. TIN NO.	366-880-076		
15. AGENCY EMPLOYEE NO.	NA		

II. FAMILY BACKGROUND

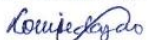
22. SPOUSE'S SURNAME	NA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR., SR) NA	NA	NA
MIDDLE NAME	NA			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	DAJAO			
FIRST NAME	FRANCISCO	NAME EXTENSION (JR., SR) NA		
MIDDLE NAME	POLO			
25. MOTHER'S MAIDEN NAME				
SURNAME	BASALO			
FIRST NAME	MARIA LUISA			
MIDDLE NAME	LELIS			

(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	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	ELEMENTARY	2005	2011	GRADUATED	2011	NA
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	2011	2015	GRADUATED	2015	NA
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF SCIENCE IN ACCOUNTING TECHNOLOGY	2015	2019	GRADUATED	2019	NA
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 01, 2022
-----------	-------------------------------------------------------------------------------------	------	-------------------

[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]

(Continue on separate sheet if necessary)

SIGNATURE

Don't Lazav

DATE _____

February 01, 2022

VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Participants	
8. Objectives	
9. Key Takeaways	
10. Action Items	
11. Feedback	
12. Other Comments	


[illegible]

(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)
ACCOUNTING	NA	SOCIETY OF YOUNG BUSINESS EXECUTIVES AND ENTREPRENEUR
CLERICAL		JUNIOR PHILIPPINE INSTITUTE OF ACCOUNTANTS
COOKING		
COMPUTER LITERATE		
READING		
GOOD COMMUNICATION SKILLS		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 01, 2022
-----------	-------------------------------------------------------------------------------------	------	-------------------

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>END OF CONTRACT - PANDEMIC</u>
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
MA. THERESA P. LORETO	VSU CAS DEAN, ARIC DIRECTOR	0919-419-1915
QUEEN- EVER Y. ATUPAN	VSU CASH OFFICE	0995-5181566
LOUELLA C. RUPAC	VSU FINANCE	0919-542-2097

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.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
 PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PHILHEALTH

ID/License/Passport No.: 13-250338479-9

Date/Place of Issuance: BAYBAY CITY, LEYTE

Theresa Loreto

Signature (Sign inside the box)

February 01, 2022

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this

02 FEB 2022

affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. VIMAR C. ENARIO-VIDALLON

JCC. NO. 128
 PAGE NO. 26
 BOOK NO. XXV
 SERIES OF 2022

NOTARY PUBLIC
 NC. NO. 8-19-12-01, JANUARY 14, 2020
 UNTIL DECEMBER 31, 2021
 (Extended until June 30, 2022)-B.M. 3795
 ROLL NO. 62930

Person Administering Oath

IBP NO. 169763, 12/07/2021, LEYTE

MCLE COMPLIANCE NO. VI-0014899