

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) N/A	
MIDDLE NAME	BASALO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/16/1998	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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		
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 DICIEMBRE House/Block/Lot No. Street Subdivision/Village POBLACION ZONE 18 BAYBAY CITY BARANGAY City/Municipality LEYTE Province
7. HEIGHT (m)	1.63m	ZIP CODE	6521
8. WEIGHT (kg)	78 kg	18. PERMANENT ADDRESS	586 30 DE DICIEMBRE House/Block/Lot No. Street Subdivision/Village POBLACION ZONE 18 BAYBAY CITY BARANGAY City/Municipality LEYTE Province
9. BLOOD TYPE	O+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	1212-5977-5485		
12. PHILHEALTH NO.	13-250338479-9	ZIP CODE	6521
13. SSS NO.	34-9022724-1	19. TELEPHONE NO.	N/A
14. TIN NO.	366-880-076	20. MOBILE NO.	09335240629
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	dajao.franceslouise@gmail.com

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	DAJAO			
FIRST NAME	FRANCISCO	NAME EXTENSION (JR., SR)		
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	N/A	2011	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	2011	2015	N/A	2015	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF SCIENCE IN ACCOUNTING TECHNOLOGY	2015	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	11/29/2024
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[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]

SIGNATURE		DATE	11/29/2024
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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			
	ON-THE-JOB TRAINING - ROBLE SHIPPING LINES	04/11/2018	04/27/2018	120.0	FOUNDATION	UNIVERSITY OF SAN CARLOS - DEPARTMENT OF ACCOUNTANCY
	ON-THE-JOB TRAINING - UNIVERSITY OF SAN CARLOS ASSESSMENT SECTION	05/02/2018	08/04/2018	450.0	FOUNDATION	UNIVERSITY OF SAN CARLOS - DEPARTMENT OF ACCOUNTANCY
	SAP BUSINESS ONE (LOGISTICS AND FINANCIALS)	07/05/2018	10/20/2018	600.0	TECHNICAL	UNIVERSITY OF SAN CARLOS - DEPARTMENT OF ACCOUNTANCY
	DEALING WITH PLASTIC WASTE MANAGEMENT FOR BETTER CIRCULAR ECONOMY	11/25/2021	11/25/2021	4.0	TECHNICAL	EUROPEAN UNION DELEGATION TO THE PHILIPPINES
	GENDER SENSITIVITY ORIENTATION	07/11/2023	07/11/2023	8.0	FOUNDATION	VISAYAS STATE UNIVERSITY - GENDER RESOURCE CENTER
	ISO 9001:2015 AWARENESS & RE-AWARENESS WEBINAR	08/29/2023	08/29/2023	4.0	TECHNICAL	VISAYAS STATE UNIVERSITY - QUALITY ASSURANCE CENTER
	UNLOCKING EXCELLENCE: THE 5S REVOLUTION FOR CLERKS AND HEADS AT VISAYAS STATE UNIVERSITY	11/29/2023	11/29/2023	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY - OFFICE OF THE DIRECTOR FOR HUMAN RESOURCE MANAGEMENT
	CASH FLOW MANAGEMENT AND FORECASTING	03/02/2024	03/02/2024	3.0	TECHNICAL	BUSINESS COACH, INC.
	PROFESSIONAL LECTURE SERIES WITH DR. MARIFE D. CORRE	03/06/2024	03/06/2024	4.0	FOUNDATION	VISAYAS STATE UNIVERSITY
	SHAPING CULTURE: EMBRACING VALUES FOR PRODUCTIVE WORKPLACE PERFORMANCE	05/15/2024	05/15/2024	8.0	FOUNDATION	VISAYAS STATE UNIVERSITY - OFFICE OF THE DIRECTOR FOR HUMAN RESOURCE MANAGEMENT
	BASIC RECORDS AND ARCHIVES MANAGEMENT (BRAM)	07/30/2024	07/31/2024	16.0	FOUNDATION	VISAYAS STATE UNIVERSITY - OFFICE OF THE DIRECTOR FOR HUMAN RESOURCE MANAGEMENT
	WORKSHOP ON PROCESS HARMONIZATION FOR FINANCIAL MANAGEMENT SYSTEM (FMS) FOR VISAYAS STATE UNIVERSITY	10/03/2024	10/07/2024	24.0	TECHNICAL	VISAYAS STATE UNIVERSITY - ICTMC
	RE-ORIENTATION OF EMPLOYEES' DUTIES AND RESPONSIBILITIES AND GOOD CUSTOMER SERVICE	09/23/2021	09/23/2021	4.0	TECHNICAL	VISAYAS STATE UNIVERSITY - OFFICE OF THE DIRECTOR FOR HUMAN RESOURCE MANAGEMENT
	BIOTECHNOLOGY: BREAKING SCIENTIFIC LIMITATIONS	07/21/2021	07/23/2021	24.0	FOUNDATION	VISAYAS STATE UNIVERSITY - DEPARTMENT OF BIOTECHNOLOGY






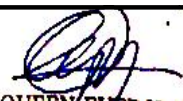
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	SAP BUSINESS ONE (LOGISTICS AND FINANCIALS)		N/A		N/A
	ADVANCE BOOKKEEPING				
	COMPUTER LITERATE				
	GOOD COMMUNICATION SKILLS				
	CLERICAL SKILLS				
	BIR eBIRforms, RELIEF and ALPHALIST				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11/29/2024
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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the</p> <p style="margin-left: 20px;">a. chief of bureau or office or to the person who has immediate supervision over you in the Office,</p> <p style="margin-left: 20px;">b. Bureau or Department where you will be appointed,</p> <p style="margin-left: 20px;">c. a. within the third degree?</p> <p style="margin-left: 20px;">d. 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 style="margin-left: 20px;">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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="margin-left: 20px;">Date Filed: _____</p> <p style="margin-left: 20px;">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 style="margin-left: 20px;">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>LOUELLA C. AMPAC</td> <td>VSU MAIN</td> <td>0917-542-3297</td> </tr> <tr> <td>MA. THERESA P. LORETO</td> <td>VSU MAIN</td> <td>0919-419-1915</td> </tr> <tr> <td>QUEEN-EVER Y. ATUPAN</td> <td>VSU MAIN</td> <td>0995-518-1566</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	LOUELLA C. AMPAC	VSU MAIN	0917-542-3297	MA. THERESA P. LORETO	VSU MAIN	0919-419-1915	QUEEN-EVER Y. ATUPAN	VSU MAIN	0995-518-1566	 <p>PHOTO</p>
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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>Right Thumbmark</p>												
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;">  <p>QUEEN-EVER Y. ATUPAN</p> <p>Person Administering Oath</p> </div>														