

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	BAGARINAO		
FIRST NAME	JUNEIL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BANDE		
3. DATE OF BIRTH (mm/dd/yyyy)	06/07/1990	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 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 _____ MARCOS Subdivision/Village _____ Barangay _____ BAYBAY LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.63	ZIP CODE	6521
8. WEIGHT (kg)	56.3		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ MARCOS Subdivision/Village _____ Barangay _____ BAYBAY LEYTE City/Municipality _____ Province _____
10. GSIS ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.	1212-0602-0550		
12. PHILHEALTH NO.	12-051393279-6		
13. SSS NO.	0111-4224864-8	19. TELEPHONE NO.	NONE
14. TIN NO.	299-034-179	20. MOBILE NO.	09380041233
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	juneil.bagarinao@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BAGARINAO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	SHERYL	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	SUYOM			
OCCUPATION	GOVERNMENT EMPLOYEE			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	VSU VISCA BAYBAY CITY LEYTE			
TELEPHONE NO.	9482466875			
24. FATHER'S SURNAME	BAGARINAO			
FIRST NAME	VICENTE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TOLERO			
25. MOTHER'S MAIDEN NAME				
SURNAME	BANDE			
FIRST NAME	AIDA			
MIDDLE NAME	MAZO		<i>(Continue on separate sheet if necessary)</i>	

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	SAN AGUSTIN ELEMENTARY SCHOOL		1996	2002		2002	NA
SECONDARY	BUNGA NATIONAL HIGH SCHOOL		2002	2006		2006	NA
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ANIMAL SCIENCE	2008	2014		2014	NA
GRADUATE STUDIES	NA	NA	NA	NA			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/16/2022
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IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	JOB/ PAY GRADE (if applicable)& STEP (Format "00-000")	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
	From	To						
	02/15/2016	Present	CLERK	VISAYAS STATE UNIVERSITY	8,301		JO	N

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/16/2022
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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		
	KABALIKAT CIVICOM	2020	PRESENT		MEMBER

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

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			
	Re-Orientation of Employees' Duties and Responsibilities and Good Customer Service	09/23/2021	09/23/2021	4		ODHRM VISAYAS STATE UNIVERSITY
	International Business and Economic Forum Qatar Digital Learning Virtual Summit	06/02/2021	06/03/2021	20		IBEFForum Qatar
	Webinar on the Basics of Records Management and Records Control	27/01/2021	27/01/2021	3.0		DOST-STII
	Procurement Planning Workshop	13/09/2016	13/09/2016			Visayas State University
	Workshop to Review and Improve Citizen's Charter per CSC MC No. 14 s. 2016	01/09/2016	01/09/2016			Visayas State University
	Small Ruminants Production Training	10/15/2009	10/15/2009	8.0		Visayas State University
	AFNR Training on Entrepreneurship	10/19/2009	10/23/2009	40.0		Visayas State University
	AFNR Training on Slaughtering	03/23/2010	03/23/2010	8.0		Visayas State University

(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)
	Driving		NONE		
	Computer Skills				
	Animal Handling				
	Culture Butterfly				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/13/2021
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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)?	<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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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.
Prof Jesusito L. Lim	VSU,Baybay, Leyte	9175309535
Dr. Ruben M. Gapasin	VSU,Baybay, Leyte	
Mr. Arnulfo M. Almeroda	VSU,Baybay, Leyte	



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.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	Driver's License
ID/License/Passport No.:	H12-17-000240
Date/Place of Issuance:	Baybay City Leyte

Signature (Sign inside the box)
Feb. 16, 2022
Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath