

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	MANAGBANAG		
FIRST NAME	MARK JOHN		NAME EXTENSION (JR., SR)
MIDDLE NAME	MARANGUIT		
3. DATE OF BIRTH (mm/dd/yyyy)	November 07, 1997	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 checked="" type="checkbox"/> Male <input 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	
7. HEIGHT (m)	1.68	House/Block/Lot No. Street Purok 2 Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province	
8. WEIGHT (kg)	70	ZIP CODE	6521
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	
10. GSIS ID NO.	N/A	House/Block/Lot No. Street Purok 2 Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province	
11. PAG-IBIG ID NO.	1212-6871-4401	ZIP CODE	6521
12. PHILHEALTH NO.	1325-0364-9105		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	725-657-737	20. MOBILE NO.	09999047166
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	markjohn.managbanag@vsu.edu.ph

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	MANAGBANAG			
FIRST NAME	ISMAEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	OLAMIT			
25. MOTHER'S MAIDEN NAME	MARANGUIT			
SURNAME	MARANGUIT			
FIRST NAME	MARY JANE			
MIDDLE NAME	ZETA			

(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	PANGASUGAN ELEMNTARY SCHOOL	N/A	2004	2010	N/A	2010	N/A
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	N/A	2010	2014	N/A	2014	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	2014	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
	10-25-24

[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		DATE	10-25-24

$$10 - 2r = -24$$

[illegible]

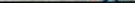
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Training Program	
2. Duration of the Training Program	
3. Location of the Training Program	
4. Name of the Training Provider	
5. Description of the Training Program	
6. Date of Completion	
7. Name of the Training Participant	
8. Signature of the Training Participant	
9. Signature of the Training Provider	
10. Date of Completion	

INCLUSIVE DATES OF	Time of Day
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(Continue on separate sheet if necessary)

	NON-ACADEMIC DISTINCTIONS / RECOGNITION	MEMBERSHIP IN A SOCIATION/ORGANIZATIONAL
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(Continue on separate sheet if necessary)

SIGNATURE		DATE	11-25-24
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$$11 - 25 - 24$$

<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>DR. SHALOM GRACE S. VEGA</td> <td>VSICA, BAYBAY CITY, LEYTE</td> <td>9122654495</td> </tr> <tr> <td>DR. BAYRON S. BARREDO</td> <td>VSICA, BAYBAY CITY, LEYTE</td> <td></td> </tr> <tr> <td>DR. ALELI A. VILLOCINO</td> <td>VSICA, BAYBAY CITY, LEYTE</td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. SHALOM GRACE S. VEGA	VSICA, BAYBAY CITY, LEYTE	9122654495	DR. BAYRON S. BARREDO	VSICA, BAYBAY CITY, LEYTE		DR. ALELI A. VILLOCINO	VSICA, BAYBAY CITY, LEYTE	
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>DRIVERS LICENSE</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>H12-18-002225</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>BAYBAY CITY</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	DRIVERS LICENSE	ID/License/Passport No.:	H12-18-002225	Date/Place of Issuance:	BAYBAY CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 80px; text-align: center; vertical-align: middle;"> Signature (Sign inside the box) 11-25-24 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) 11-25-24 Date Accomplished	
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="height: 60px; text-align: center; vertical-align: middle;"> _____ Person Administering Oath </td> </tr> </table>		_____ Person Administering Oath											
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