

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	ORIAS			
	FIRST NAME	JULIE ANN	NAME EXTENSION (JR., SR) N/A	
	MIDDLE NAME	N/A		
3. DATE OF BIRTH (mm/dd/yyyy)	4/7/1996	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	KANANGA, LEYTE			
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	17. RESIDENTIAL ADDRESS		
	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
	<input type="checkbox"/> Other/s:			
7. HEIGHT (m)	1.49			
8. WEIGHT (kg)	47			
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS		
10. GSIS ID NO.	N/A			
11. PAG-IBIG ID NO.	1212-1061-3705			
12. PHILHEALTH NO.	13-025479490-3			
13. SSS NO.	35-1391997-3			
14. TIN NO.	710103642	19. TELEPHONE NO.	N/A	
15. AGENCY EMPLOYEE NO.	N/A	20. MOBILE NO.	(+63) 926 180 3880	
		21. E-MAIL ADDRESS (if any)	julieann.orias@vsu.edu.ph/ orias.julieann@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	NAME EXTENSION (JR., SR) N/A		
	MIDDLE NAME			
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	GLORIANE			
	FIRST NAME	JERRY		
	MIDDLE NAME	N/A		
25. MOTHER'S MAIDEN NAME				
	SURNAME	ORIAS		
	FIRST NAME	MARILYN		
	MIDDLE NAME	BERIDO		
(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	MAHAYAHAY ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2009	N/A	2009	SALUTATORI AN
SECONDARY	DAMULAAAN NATIONAL HIGH SCHOOL	PRIMARY EDUCATION	2009	2013	N/A	2013	3RD HONORABLE MENTION
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	2013	2017	N/A	2017	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER IN MANAGEMENT major in AGRIBUSINESS MANAGEMENT	2017	N/A	37	N/A	N/A
(Continue on separate sheet if necessary)							

SIGNATURE		DATE	September 23, 2024
-----------	--	------	--------------------

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			
	HRIS Software Onboarding	6/12/2024	6/12/2024	4.0	Technical	VISAYAS STATE UNIVERSITY
	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
	Training-Workshop on Risk Assessment	11/9/2023	12/9/2023	16.0	Technical	VISAYAS STATE UNIVERSITY
	ISO 9001:2015 Awareness/Re-awareness Webinar	08/29/2023	08/29/2023	4.0	Technical	VISAYAS STATE UNIVERSITY
	ISO 9001:2015 Awareness/Re-awareness Webinar	11/27/2020	11/27/2020	4.0	Technical	VISAYAS STATE UNIVERSITY
	Workshop on the Assessment of Accomplishment and Target Setting of the Strategic Plan	11/25/2020	11/26/2020	16.0	Technical	VISAYAS STATE UNIVERSITY
	Webinar Presentation on "Document Tracking System"	11/13/2020	11/13/2020	3.0	Technical	VISAYAS STATE UNIVERSITY
	Training on identification of proper and complete items Technical Specification and parameters and orientation of the Purchase Request (PR) Module of the	08/28/2020	08/28/2020	4.0	Technical	VISAYAS STATE UNIVERSITY
	Workshop on the Uniformity of the University's Specifics and Prices of Goods & Training for the implementation (PPMP & PR) of the Supplies, Procurement and	10/3/2020	10/3/2020	8.0	Technical	VISAYAS STATE UNIVERSITY
	HUMAN RESOURCE MANAGEMENT INFORMATION SYSTEMS (HRMIS) PRESENTATION AND ORIENTATION OF THE ELECTRONIC DAILY ATTENDANCE TRACKING SYSTEM	2/3/2020	2/3/2020	8.0	Technical	VISAYAS STATE UNIVERSITY
	SEMINAR WORKSHOP ON RECORDS MATRIX AND NAP FORM-1 COMPLETION	12/13/2019	12/13/2019	8.0	Technical	VISAYAS STATE UNIVERSITY
	HUMAN RESOURCE MANAGEMENT INFORMATION SYSTEM (HRMIS) PRESENTATION AND TRAINING OF THE DEVELOPED RSP, PDS AND PLANTILLA MANAGEMENT SYSTEM	11/25/2019	11/26/2019	16.0	Technical	VISAYAS STATE UNIVERSITY
	CUMULUS WORKSHOP WITH DEPARTMENT CLERKS AND FOCAL PERSONS	07/16/2019	07/16/2019	4.0	Technical	VISAYAS STATE UNIVERSITY- WEB TEAM
	QMS RISK ASSESSMENT AND ISO DOCUMENTATION TRAINING	01/16/2019	01/17/2019	16.0	Technical	AGF Training and Consulting Group- Philippines
	ORIENTATION-WORKSHOP FOR JO CLERKS AND LABORATORY TECHNICIANS	01/15/2019	01/15/2019	8.0	Technical	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)		
	COMPUTER SKILLS	N/A		N/A		
	GRAPHIC DESIGNING					
	EFFECTIVE COMMUNICATION SKILLS					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	September 23, 2024	

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 type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</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><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>DR. BAYRON S. BARREDO</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>563-7527</td></tr><tr><td>DR. ALELI A. VILLOCINO</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>563-7527</td></tr><tr><td>DR. LOLITO C. BESTIL</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>563-1445</td></tr></table>		NAME	ADDRESS	TEL. NO.	DR. BAYRON S. BARREDO	VISCA, BAYBAY CITY, LEYTE	563-7527	DR. ALELI A. VILLOCINO	VISCA, BAYBAY CITY, LEYTE	563-7527	DR. LOLITO C. BESTIL	VISCA, BAYBAY CITY, LEYTE	563-1445
NAME	ADDRESS	TEL. NO.											
DR. BAYRON S. BARREDO	VISCA, BAYBAY CITY, LEYTE	563-7527											
DR. ALELI A. VILLOCINO	VISCA, BAYBAY CITY, LEYTE	563-7527											
DR. LOLITO C. BESTIL	VISCA, BAYBAY CITY, LEYTE	563-1445											
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>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PHILHEALTH</div> <div>ID/License/Passport No.: 13-025479490-3</div> <div>Date/Place of Issuance: BAYBAY CITY, LEYTE</div>	<div></div> <div>Signature (Sign inside the box)</div> <div>09/23/2024</div> <div>Date Accomplished</div>	<div>ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)</div> <div>Computer generated or photocopied picture is not acceptable</div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</div>											
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>													