

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	GORRE		
FIRST NAME	MARIA PRECILLA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	BALO		
3. DATE OF BIRTH (mm/dd/yyyy)	12/14/1995	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	BACOR, CAVITE	If holder of dual citizenship, please indicate the details.	Philippines ▼
5. SEX	<input type="checkbox"/> Male <input checked="" 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	N/A PUROK 3 House/Block/Lot No. Street N/A MASLUG Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.52	ZIP CODE	6521
8. WEIGHT (kg)	65		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	N/A PUROK 3 House/Block/Lot No. Street N/A MASLUG Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	2005854755	ZIP CODE	6521
11. PAG-IBIG ID NO.	1212-0819-3021		
12. PHILHEALTH NO.	13-025475820-6	19. TELEPHONE NO.	NONE
13. SSS NO.	34-7865244-3	20. MOBILE NO.	0965-570-5131/0950-343-3604
14. TIN NO.	706-586-185	21. E-MAIL ADDRESS (if any)	precilla.balo@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	V01233		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GORRE		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ALFRED	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	TAN			
OCCUPATION	NONE			
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	NONE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	BALO			
FIRST NAME	PROCESD	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	SALAR			
25. MOTHER'S MAIDEN NAME				
SURNAME	PABE			
FIRST NAME	GILNA			
MIDDLE NAME	COTACTE			
(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	MASLUG ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2009	GRADUATED	2009	VALEDICTO RIAN
SECONDARY	PLARIDEL NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2013	GRADUATED	2013	SALUTATO RIAN
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 ECONOMICS	2013	2017	GRADUATED	2017	CUM LAUDE
	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION, BAYBAY, LEYTE INCORPORATED	BACHELOR OF SCIENCE IN SECONDARY EDUCATION	2019	2020	27 UNITS EARNED	2022	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	August 25, 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
	LICENSE PROFESSIONAL TEACHER	N/A	3/19/2023	TACLOBAN CITY, LEYTE	unclaimed	None
	CAREER SERVICE PROFESSIONAL PD-907-HONOR GRADUATE	N/A	6/30/2017	CSCR08, PALO, LEYTE	100108170723	6/14/2017
	NON-PROFESSIONAL DRIVER'S LICENSE	N/A	11/20/2015	LTO BAYBAY DISTRICT OFFICE, BAYBAY CITY, LEYTE	H12-15-003082	12/14/2032

(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.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 25, 2023
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	MASLUG EXECUTIVE COMMITTEE	6/4/2018	6/13/2018	40.0	COMMITTEE
	PARISH PASTORAL COUNCIL FOR RESPONSIBLE VOTING	5/15/2015	5/15/2015	8.0	WATCHER

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED <i>(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)</i>	
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VIII. OTHER INFORMATION


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31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DATA ANALYSIS SKILLS	N/A	YOUNG ENONOMIST SOCIETY (YES)
COMPUTER SKILLS (MS WORD, EXCEL, POWERPOINT, PUBLISHER, ETC.)	N/A	YOUNG ENONOMIST SOCIETY (YES)
INTERPERSONAL SKILLS	N/A	COMMISSION ON YOUTH (COY)
LEADERSHIP SKILLS	N/A	COMMISSION ON YOUTH (COY)
<i>(Continue on separate sheet if necessary)</i>		
SIGNATURE		DATE
		August 25, 2023

<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>												
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>												
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>												
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details (country):</p> <hr/>												
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <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>JOEL Q. MABALHIN</td> <td>VSU, DEPARTMENT OF TEACHER EDUCATION</td> <td>565-0600 LOCAL 1037</td> </tr> <tr> <td>EPIFANIA G. LORETO</td> <td>VSU, DEPARTMENT OF CIVIL ENGINEERING</td> <td>565-0600 LOCAL 1020</td> </tr> <tr> <td>MARWEN A. CASTAÑEDA</td> <td>VSU, OFFICE OF THE UNIVERSITY REGISTRAR</td> <td>565-0600 LOCAL 1067</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JOEL Q. MABALHIN	VSU, DEPARTMENT OF TEACHER EDUCATION	565-0600 LOCAL 1037	EPIFANIA G. LORETO	VSU, DEPARTMENT OF CIVIL ENGINEERING	565-0600 LOCAL 1020	MARWEN A. CASTAÑEDA	VSU, OFFICE OF THE UNIVERSITY REGISTRAR	565-0600 LOCAL 1067
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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>													

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: LTO-DRIVER'S LICENSE
ID/License/Passport No.: H12-15-003082
Date/Place of Issuance: 11/20/2015, BAYBAY CITY, LEYTE

Signature (Sign inside the box) August 25, 2023 Date Accomplished
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PHOTO

Right Thumbmark

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

Person Administering Oath