

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	FERNANDEZ		
FIRST NAME	RICKY DANN		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	MODINA		
3. DATE OF BIRTH (mm/dd/yyyy)	01/26/1992	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	PANGASUGAN, 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	
7. HEIGHT (m)	1.63 m	ZIP CODE	House/Block/Lot No. Street PANGASUGAN
8. WEIGHT (kg)	67 kg		Subdivision/Village Barangay BAYBAY LEYTE
9. BLOOD TYPE	O		City/Municipality Province 6521
10. GSIS ID NO.	02131-474802-8		House/Block/Lot No. Street PANGASUGAN
11. PAG-IBIG ID NO.	121209636154	ZIP CODE	Subdivision/Village Barangay BAYBAY LEYTE
12. PHILHEALTH NO.	13-025442107-4		City/Municipality Province 6521
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	333-298-546	20. MOBILE NO.	09983372625
15. AGENCY EMPLOYEE NO.	V01236	21. E-MAIL ADDRESS (if any)	danrickie2692@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	FERNANDEZ		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ERLY	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	ESGUERRA		N/A	N/A
OCCUPATION	GOVERNMENT EMPLOYEE		N/A	N/A
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY		N/A	N/A
BUSINESS ADDRESS	PANGASUGAN, BAYBAY CITY, LEYTE		N/A	N/A
TELEPHONE NO.	9304932593		N/A	N/A
24. FATHER'S SURNAME	FERNANDEZ		N/A	N/A
FIRST NAME	NARCISO	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	GUCELA		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	MODINA		N/A	N/A
FIRST NAME	TERESITA		N/A	N/A
MIDDLE NAME	POSAS		(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 ELEMENTARY SCHOOL	N/A	1998	2004	N/A	2004	1ST HON MENTION
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	N/A	2005	2008	N/A	2008	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	2008	2017	N/A	N/A	N/A
GRADUATE STUDIES	COLLEGE OF MAASIN	MASTER IN PUBLIC ADMINISTRATION	2023	PRESENT	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	3/29/25
-----------	---	------	---------

[illegible]

(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				SALARY/JOB/PAY		
----	-----------------	--	--	--	----------------	--	--

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	3/24/25
-----------	--------------------	------	---------

SIGNATURE	<i>[Signature]</i>	DATE	3/24/25
-----------	--------------------	------	---------

SIGNATURE	<i>[Signature]</i>	DATE	3/24/25
-----------	--------------------	------	---------

[illegible]





VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Participants	
8. Objectives	
9. Key Takeaways	
10. Action Items	
11. Feedback	
12. Other Comments	

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
TECHNICAL SKILLS (MICROSOFT)	N/A	N/A
INTERPERSONAL SKILLS	N/A	N/A

SIGNATURE	BF	DATE	3/24/25
-----------	----	------	---------

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 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:</div> <div>Date Filed: </div> <div>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 checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details:</div> <div>resignation</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 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>ERLINDA S. ESGUERRA</td><td>ZONE 23, BAYBAY, LEYTE</td><td>9176341538</td></tr><tr><td>NILDA T. AMESTOSO</td><td>VISCA, BAYBAY, LEYTE</td><td>9258222964</td></tr><tr><td>DEXTER S. MAGAN</td><td>PANGASUGAN, BAYBAY, LEYTE</td><td>9053804045</td></tr></table>			NAME	ADDRESS	TEL. NO.	ERLINDA S. ESGUERRA	ZONE 23, BAYBAY, LEYTE	9176341538	NILDA T. AMESTOSO	VISCA, BAYBAY, LEYTE	9258222964	DEXTER S. MAGAN	PANGASUGAN, BAYBAY, LEYTE	9053804045
NAME	ADDRESS	TEL. NO.												
ERLINDA S. ESGUERRA	ZONE 23, BAYBAY, LEYTE	9176341538												
NILDA T. AMESTOSO	VISCA, BAYBAY, LEYTE	9258222964												
DEXTER S. MAGAN	PANGASUGAN, BAYBAY, LEYTE	9053804045												
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><div>RICKY DANN M. FERNANDEZ</div></div>												
<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: TIN ID</div> <div>ID/License/Passport No.: 333-298-546</div> <div>Date/Place of Issuance: 09-15-17</div>	<div></div> <div>Signature (Sign inside the box)</div> <div>3/24/25</div> <div>Date Accomplished</div>	<div></div> <div>Right Thumbmark</div>												
SUBSCRIBED AND SWORN to before me this 25 MAR 2025, affiant exhibiting his/her validly issued government ID as indicated above.														
<div><div>ATTY. KAREN ABEGAIL S. MONTERON VSU Director, Legal Affairs and Services</div></div> <div>Person Administering Oath</div>														