

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.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2 SURNAME	ISRAEL		
FIRST NAME	MARY JOY	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	PIAMONTE		
3 DATE OF BIRTH (mm/dd/yyyy)	JULY 30, 1993	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	ILOCOS SUR	If holder of dual citizenship, please indicate the details	
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"/> Other/s:	17 RESIDENTIAL ADDRESS	House/Block/Lot No. Street GABAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7 HEIGHT (m)	1.60	ZIP CODE	6521
8 WEIGHT (kg)	55		
9 BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. Street GABAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10 GSIS ID NO.	N/A	ZIP CODE	6521
11 PAG-IBIG ID NO.	121093484774		
12 PHILHEALTH NO.	220001757229	19 TELEPHONE NO.	N/A
13 SSS NO.	0427396012	20 MOBILE NO.	09380074528
14 TIN NO.	396-825-650	21 E-MAIL ADDRESS (if any)	piamontemjoy14@gmail.com
15 AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22 SPOUSE'S SURNAME	ISRAEL		23 NAME OF CHILDREN (Write full name and last all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	EMEBERTO	JR.	NYX VINCENT P. ISRAEL	JULY 14, 2017
MIDDLE NAME	MATUGAS			
OCCUPATION	ADMINISTRATIVE AIDE I			
EMPLOYER/BUSINESS NAME	DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS			
BUSINESS ADDRESS	HIPUSNGO, BAYBAY CITY, LEYTE			
TELEPHONE NO.	0975-671-6442			
24 FATHER'S SURNAME	PIAMONTE			
FIRST NAME	VICENTE	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	OQUIAS			
25 MOTHER'S MAIDEN NAME	FILOMENA OMANITO HADAP			
SURNAME	PIAMONTE			
FIRST NAME	FILOMENA			
MIDDLE NAME	HADAP			

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	GABAS CENTRAL SCHOOL	PRIMARY EDUCATION	1999	2005	N/A	2005	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2005	2009	N/A	2009	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR IN ELEMENTARY EDUCATION	2009	2018	N/A	2018	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	7/5/2023
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27	CAREER SERVICE/ RA 1080 (BOARD: BAR) UNDER SPECIAL LAWS/ CES/ CSCE ELIGIBILITY / DRIVERS LICENSE BARANGAY	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	L.V. INCE (If Applicable)	
					NUMBER	Date of Validity
	CSE-PPT Professional	80.13%	26/03/2023	Ormoc City, Leyte		
	Licensure Examination for Professional Teachers	83.20%	29/01/2022	Tacloban City, Leyte	1907899	7/30/2025
	Driver's License	88%	12/14/2021	LTO, Baybay City, Leyte	H12-21-200731	07/14/2026

V. WORK EXPERIENCE
(Include all work experience) State where your regular work (occupation) should be indicated in the appropriate Work Experience section.

SIGNATURE				DATE			
[Signature]				7/5/2023			

18/11/2020

DATE _____

7/5/2023

VI. VOLUNTARY WORK OR INVOLVEMENT IN CMG / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION'S

29	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATE (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 INTERVENTIONS/ TRAINING PROGRAMS


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			
	The Landscape of Blended Learning in the New Normal	12/09/2022	12/09/2022	8.0	Technical	Visayas State University, Director for Instruction and Evaluation
	ISO 9001:2015 Awareness/Re-awareness Seminar	8/30/2022	8/30/2022	16.0	Technical	Visayas State University
	Mandatory Orientation and Re-Orientation of Academic Adviser, Department Focal Persons, and College Hotline Agents	8/25/2022	8/25/2022	8.0	Technical	VP Academic Affairs, Visayas State University
	Hands-Only Cardiopulmonary Resuscitation	7/21/2022	7/21/2022	16.0	Technical	Department of Health, Eastern Visayas Center for Health Development
	Typhoon Awareness and Calamity Readiness	6/29/2022	6/29/2022	8.0	Technical	Department of Meteorology, Visayas State University
	Environmental Health and Safety: Chemical Waste Management	6/27/2022	6/27/2022	8.0	Technical	Department of Pure and Applied Chemistry, Visayas State University
	Seminar on the Application of Virtual Reality to Agriculture, Land Use and Transportation Plans	6/22/2022	6/22/2022	8.0	Technical	Office of the Head of International Affairs, Visayas State University
	My Changing Body	05/02/2022	05/02/2022	8.0	Technical	Visayas State University
	Marketing Me Live at Visayas State University	4/28/2022	4/28/2022	8.0	Technical	JOBS180.com
	Women's Month: A Webinar on Menopause and other Common Gynecological Problems	3/31/2022	3/31/2022	8.0	Technical	Visayas State University
	Introduction to Latex and Lyx	03/04/2022	03/04/2022	8.0	Technical	Department of Mathematics, Visayas State University
	Trends in Soft Matter Research and its Applications	02/04/2022	02/04/2022	8.0	Technical	Department of Physics, Visayas State University
	Training-Workshop on Assessment in Higher Education: Creation of Table of Specifications (TOS)	11/25/2021	11/25/2021	8.0	Technical	VSU-CPDE
	Re-Orientation of Employees' Duties and Responsibilities and Good Customer Service	9/23/2021	9/23/2021	8.0	Technical	Office of the Director of Human Resource Management, Visayas State University

(Continue on separate sheet if necessary)

VIII. SPECIAL SKILLS AND HOBBIES

31	SPECIAL SKILLS AND HOBBIES	32	NON ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33	MEMBERSHIP IN ASSOCIATION/ ORGANIZATION (Write in full)
	Computer Literate		N/A		N/A
	Reading Books				
	Multi-Tasking				
	Product Demonstration				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/5/2023
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1. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau, or officer or to a 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?
2. Have you ever been found guilty of any administrative offense?
3. Have you been criminally charged before any court?
4. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?
5. Have you ever been separated from the service in any of the following modes: resignation, retirement, dismissal from the office, dismissal, termination, end of term, finished contract or phased out (retiree), or for public or private sector?
6. Have you ever been a candidate in a national or local election held within the last year (except barangay elections)?
7. Have you resigned from the government service during the three (3)-month period before the last election or presidentially campaign for a national or local candidate?
8. Have you acquired the status of an immigrant or permanent resident of another country?
9. Pursuant to (a) Indigenous People's Act (RA 8371), (b) Magna Carta for Disabled Persons (RA 7277), and (c) Senior Citizens 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 senior citizen?

YES NO
YES NO
If YES, give details

YES NO
If YES, give details:

YES NO
If YES, give details.
Date Filed
Status of Case/s:

YES NO
If YES, give details:

YES NO
If YES, give details.
End of term

YES NO
If YES, give details:

YES NO
If YES, give details:

YES NO
If YES, give details (country):

YES NO
If YES, please specify:
YES NO
If YES, please specify ID No:
YES NO
If YES, please specify ID No:

NAME	ADDRESS	TEL. NO.
VIRGELIO M. ALAO	VSU, VISCA, BAYBAY CITY, LEYTE	9102000484
Dr. EUSEBIO R. LINA, JR.	VSU, VISCA, BAYBAY CITY, LEYTE	9293697060
Dr. MA. THERESA P. LORETO	VSU, VISCA, BAYBAY CITY, LEYTE	9194191915



10. 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/civil cases against me.

11. Agency Head/Authorized Representative (Signature)
12. Agency Head/Authorized Representative (Name)
13. Agency Head/Authorized Representative (Title)
14. Agency Head/Authorized Representative (Address)
15. Agency Head/Authorized Representative (Contact Number)

Signature (Sign inside the box)
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

