

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	BAGARINAO		
FIRST NAME	JUNEIL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BANDE		
3. DATE OF BIRTH (mm/dd/yyyy)	7/6/1990	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, 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:		
7. HEIGHT (m)	1.63	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
8. WEIGHT (kg)	63.5	ZIP CODE	6521
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	1212-0602-0550	19. TELEPHONE NO.	NA
12. PHILHEALTH NO.	12-051393279-6	20. MOBILE NO.	09380041233
13. SSS NO.	NA	21. E-MAIL ADDRESS (if any)	juneil.bagarinao@vsu.edu.ph / juneil6790@gmail.com
14. TIN NO.	399-034-179		
15. AGENCY EMPLOYEE NO.	NA		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BAGARINAO		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	SHERYL	NAME EXTENSION (JR., SR)	SHEER BLISS S. BAGARINAO	9/21/2022
MIDDLE NAME	SUYOM			
OCCUPATION	Administrative Officer II			
EMPLOYER/BUSINESS NAME	DEPED BAYBAY CITY DIVISION			
BUSINESS ADDRESS	DIVERSION ROAD BRGY. GAAS BAYBAY CITY, LEYTE			
TELEPHONE NO.	9482466875			
24. FATHER'S SURNAME	BAGARINAO			
FIRST NAME	VICENTE	NAME EXTENSION (JR., SR) JR.		
MIDDLE NAME	TOLERO			
25. MOTHER'S MAIDEN NAME				
SURNAME	BANDE			
FIRST NAME	AIDA			
MIDDLE NAME	MAZO			

(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	SAN AGUSTIN ELEMENTARY SCHOOL	Primary	1996	2002	GRADUATED	2002	
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	High School	2002	2006	GRADUATED	2006	
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ANIMAL SCIENCE	2008	2014	GRADUATED	2014	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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[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.


[illegible]

(Continue on separate sheet if necessary)

<i>SIGNATURE</i>		<i>DATE</i>	
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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			
	KABALIKAT CIVICOM	2021	Present		Member	
(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			
	5S Training Webinar	12/9/2023	12/9/2023			ODHRM VISAYAS STATE UNIVERSITY
	Webinar Series on Human Capital Development as A driver in improving Public Sector	10/4/2023	10/5/2023	16		Visayas State University
	ISO9001:2015 Awareness and Reawareness Webinar	8/29/2023	8/29/2023			Visayas State University
	Re-Orientation of Employees' Duties and Responsibilities and Good Customer Service	09/23/2021	09/23/2021	4		ODHRM VISAYAS STATE UNIVERSITY
	International Business and Economic Forum Qatar Digital Learning Virtual Summit	06/02/2021	06/03/2021	20		IBEFForum Qatar
	Webinar on the Basics of Records Management and Records Control	1/27/2021	1/27/2021	3		DOST-STII
	Procurement Planning Workshop	9/13/2016	9/13/2016			Visayas State University
	Workshop to Review and Improve Citizen's Charter per CSC MC No. 14 s. 2016	9/1/2016	9/1/2016			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	NA			KABALIKAT CIVICOM	
	DRIVING					
	BASIC TROUBLESHOOTING SKILLS					
(Continue on separate sheet if necessary)						
SIGNATURE					DATE	

<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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>PROF. JESUSITO L. LIM</td> <td></td> <td></td> </tr> <tr> <td>DR. RUBEN G. GAPASIN</td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	PROF. JESUSITO L. LIM			DR. RUBEN G. GAPASIN					
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PROF. JESUSITO L. LIM													
DR. RUBEN G. GAPASIN													
<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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: _____</p> <p>ID/License/Passport No.: _____</p> <p>Date/Place of Issuance: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; vertical-align: bottom; text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished										
Signature (Sign inside the box)													
Date Accomplished													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;"> Person Administering Oath </div>													



PHOTO

Right Thumbmark