

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	ESPINOSA		
FIRST NAME	FRANCES NICOLE	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	SEPARA		
3. DATE OF BIRTH (mm/dd/yyyy)	03/29/2000	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	CEBU CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. Street N/A JUBAS Subdivision/Village Barangay LIBAGON SOUTHERN LEYTE City/Municipality Province
7. HEIGHT (m)	1.44	ZIP CODE	6615
8. WEIGHT (kg)	53	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A JUBAS Subdivision/Village Barangay LIBAGON SOUTHERN LEYTE City/Municipality Province
9. BLOOD TYPE	A+	ZIP CODE	6615
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	N/A	20. MOBILE NO.	09551890251
12. PHILHEALTH NO.	13-252249504-6	21. E-MAIL ADDRESS (if any)	espinosa.francesnicole@gmail.com
13. SSS NO.	35-1098147-0		
14. TIN NO.	506-787-752-0000		
15. AGENCY EMPLOYEE NO.	N/A		

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	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	ESPINOSA		N/A	N/A
FIRST NAME	FRANCISCO IV	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	RESMA		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	SEPARA		N/A	N/A
FIRST NAME	MARIFE		N/A	N/A
MIDDLE NAME	BLANCO		(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	LIBAGON CENTRAL ELEMENTARY SCHOOL	ELEMENTARY	2006	2012	N/A	2012	VALEDICTORIAN
SECONDARY	SOGOD NATIONAL HIGHSCHOOL: SOUTHERN LEYTE STATE UNIVERSITY-MAIN CAMPUS	JUNIOR HIGH SCHOOL; SENIOR HIGH SCHOOL	2012	2018	N/A	2018	HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY- MAIN CAMPUS	BACHELOR OF SCIENCE IN CHEMISTRY	2018	2022	N/A	2022	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

January 2, 2025

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
	RA 1080 (CHEMIST)	76.5	DECEMBER 2023	CEBU CITY	0015929	03/29/2027
	RA 1080 (CHEMICAL TECHNICIAN)	85.5	DECEMBER 2023	CEBU CITY	0009969	03/29/2027

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	January 2, 2025
------------------	---	-------------	-----------------

[illegible]

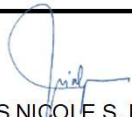
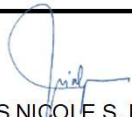
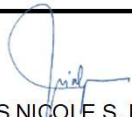

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Intervention/Program	
2. Description of the Intervention/Program	
3. Date of Participation	
4. Duration of the Intervention/Program	
5. Location of the Intervention/Program	
6. Facilitator/Instructor	
7. Topics Covered	
8. Key Takeaways/Learnings	
9. Application of Learning in the Workplace	
10. Feedback Received	
11. Overall Rating (1-5)	
12. Additional 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)		
Analytical and critical thinking skills			N/A			Visayas State University Chemical Society		
Interpersonal communication skills			N/A					
Laboratory skills			N/A					
Research and technical writing skills			N/A					
Reading and journaling			N/A					
Swimming			N/A					
Baking			N/A					

<i>(Continue on separate sheet if necessary)</i>			
SIGNATURE		DATE	January 2, 2025

<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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Candelario L. Calibo</td> <td>Visayas State University Main Campus</td> <td>clcalibo@vsu.edu.ph</td> </tr> <tr> <td>Atoz A. Vasquez</td> <td>Visayas State University Main Campus</td> <td>atoz.vasquez@vsu.edu.ph</td> </tr> <tr> <td>Elizabeth S. Quevedo</td> <td>Visayas State University Main Campus</td> <td>elizabeth.quevedo@vsu.edu.ph</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Candelario L. Calibo	Visayas State University Main Campus	clcalibo@vsu.edu.ph	Atoz A. Vasquez	Visayas State University Main Campus	atoz.vasquez@vsu.edu.ph	Elizabeth S. Quevedo	Visayas State University Main Campus	elizabeth.quevedo@vsu.edu.ph
NAME	ADDRESS	TEL. NO.											
Candelario L. Calibo	Visayas State University Main Campus	clcalibo@vsu.edu.ph											
Atoz A. Vasquez	Visayas State University Main Campus	atoz.vasquez@vsu.edu.ph											
Elizabeth S. Quevedo	Visayas State University Main Campus	elizabeth.quevedo@vsu.edu.ph											
<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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PIC/National ID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>3825-9729-3401-9023</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>02 DECEMBER 2021</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	PIC/National ID	ID/License/Passport No.:	3825-9729-3401-9023	Date/Place of Issuance:	02 DECEMBER 2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  FRANCES NICOLE S. ESPINOSA Signature (Sign inside the box) January 2, 2025 Date Accomplished </td> </tr> </table>	 FRANCES NICOLE S. ESPINOSA Signature (Sign inside the box) January 2, 2025 Date Accomplished	
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)													
PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID:	PIC/National ID												
ID/License/Passport No.:	3825-9729-3401-9023												
Date/Place of Issuance:	02 DECEMBER 2021												
 FRANCES NICOLE S. ESPINOSA Signature (Sign inside the box) January 2, 2025 Date Accomplished													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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; height: 60px; margin-top: 10px;"></div> <p style="text-align: center; margin-top: 5px;">Person Administering Oath</p> </div> <div style="width: 35%; text-align: center;">  Right Thumbmark </div> </div>													



ESPINOSA, FRANCES NICOLE S.

PHOTO



Right Thumbmark