

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	MARINAY		
FIRST NAME	ALFE MAE ANN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	EVANGELISTA		
3. DATE OF BIRTH (mm/dd/yyyy)	05/04/1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
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	SITIO PIKAS
7. HEIGHT (m)	1.52	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	39		BRGY. GA-AS
9. BLOOD TYPE	A+		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		BAYBAY LEYTE
11. PAG-IBIG ID NO.	121230824441		City/Municipality Province
12. PHILHEALTH NO.	13-250365216-5	18. PERMANENT ADDRESS	SITIO PIKAS
13. SSS NO.	06-4149299-6	ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	730-905-353		BRGY. GA-AS
15. AGENCY EMPLOYEE NO.	VJO00529		Subdivision/Village Barangay
16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship		BAYBAY LEYTE
17. RESIDENTIAL ADDRESS			City/Municipality Province
18. PERMANENT ADDRESS		19. TELEPHONE NO.	N/A
20. MOBILE NO.	09693306117	21. E-MAIL ADDRESS (if any)	alfe.marinay@vsu.edu.ph

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	MARINAY		N/A	N/A
FIRST NAME	ALBERTO	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	SABUCIDO	SR.	N/A	N/A
25. MOTHER'S MAIDEN NAME	MARIA FE BALATE EVANGELISTA		N/A	N/A
SURNAME	MARINAY		N/A	N/A
FIRST NAME	MARIA FE		N/A	N/A
MIDDLE NAME	EVANGELISTA		(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	1. Franciscan College of the Immaculate Conception 2. Gaas Elementary School	1. GRADE 1 TO GRADE 4 2. GRADE 5 & GRADE 6	1. 2004 2. 2008	1. 2008 2. 2010	N/A	2010	3RD HONOR
SECONDARY	Franciscan College of the Immaculate Conception	1ST YEAR - 4TH YEAR HIGH SCHOOL	2010	2014	N/A	2014	SALUTATORIAN
VOCATIONAL / TRADE COURSE	Franciscan College of the Immaculate Conception	BARTENDING NC II	2016	2016	NC II	N/A	N/A
COLLEGE	Franciscan College of the Immaculate Conception	Bachelor of Science in Business Administration major in Human Resource Development and Management	2014	2018	N/A	2018	ACADEMIC SCHOLARSHIP
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SIGNATURE		DATE	November 18, 2025
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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		
	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)					

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(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)						
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			
	ISO 9001:2015 Awareness/Re-awareness Seminar	9/05 /2025	9/05 /2025	8 HRS	SKILLS TRAINING	Visayas State University (Quality Assurance Center)
	Orientation of Guidelines and Procedures on Processes/Services of the Offices under Administrative Service Office	02/23/2024	02/23/2024	8 HRS	SKILLS TRAINING	Visayas State University (Office of the President)
	HRIS SOFTWARE ONBOARDING	Dec. 6, 2023	Dec. 6, 2023	5 HRS	SKILLS TRAINING	Visayas State University (Human Resource Management Office)
	5S TRAINING AND WORKSHOP	11/29/2023	11/29/2023	5 HRS	SKILLS TRAINING	Visayas State University (Office of the President)
	ISO 9001:2015 Awareness/Re-awareness Seminar	8/29 /2023	8/29 /2023	8 HRS	SKILLS TRAINING	Visayas State University (Office of the President)
	ISO 9001:2015 Awareness/Re-awareness Webinar	11/27/2020	11/27/2020	8 HRS	SKILLS TRAINING	Visayas State University (Office of the President)
(Continue on separate sheet if necessary)						

VIII. OTHER INFORMATION			
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)
	Computer Literate		N/A
	Fast Learner		
	Crafts and Arts/Designs		
	Playing Chess		
	Choreography/Dancing		
(Continue on separate sheet if necessary)			
SIGNATURE		DATE	
		November 18, 2025	

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 checked="" 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: Date Filed: _____ 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 type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</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 checked="" 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></td><td>TEL. NO.</td></tr><tr><td>ENGR. PHLOEM D. GALUPO</td><td>GENERAL SERVICES OFFICE, VSU</td><td>9264463556</td></tr><tr><td>ENGR. MARIO LILIO P. VALENZONA</td><td>INFRASTRUCTURE AND PROJECT DEVELOPMENT OFFICE, VSU</td><td>9176341514</td></tr><tr><td>ENGR. MARLON BURLAS</td><td>GENERAL SERVICES OFFICE, VSU</td><td>9176341520</td></tr></table>		NAME		TEL. NO.	ENGR. PHLOEM D. GALUPO	GENERAL SERVICES OFFICE, VSU	9264463556	ENGR. MARIO LILIO P. VALENZONA	INFRASTRUCTURE AND PROJECT DEVELOPMENT OFFICE, VSU	9176341514	ENGR. MARLON BURLAS	GENERAL SERVICES OFFICE, VSU	9176341520
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ENGR. MARLON BURLAS	GENERAL SERVICES OFFICE, VSU	9176341520											
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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: Tax Identification Number</td></tr><tr><td>ID/License/Passport No.: 730-905-353</td></tr><tr><td>Date/Place of Issuance: BIR, Ormoc City</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: Tax Identification Number	ID/License/Passport No.: 730-905-353	Date/Place of Issuance: BIR, Ormoc City	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>November 18, 2025</td></tr><tr><td>Date Accomplished</td></tr></table> <div><p>ALFE MAE ANNE E. MARINAY</p></div> <div><div></div><div>Right Thumbmark</div></div>		Signature (Sign inside the box)	November 18, 2025	Date Accomplished				
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November 18, 2025													
Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div></div> <div>Person Administering Oath</div>													