

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	CABRAL		
FIRST NAME	ALEXANDER	NAME EXTENSION (JR., SR) JR.	
MIDDLE NAME	LALUNA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/10/1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" 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.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input 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	House/Block/Lot No. Street MAGANHAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	5'5"	ZIP CODE	6521
8. WEIGHT (kg)	92		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	House/Block/Lot No. Street MAGANHAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
10. GSIS ID NO.	NONE	ZIP CODE	6521
11. PAG-IBIG ID NO.	121219260874		
12. PHILHEALTH NO.	130254952185	19. TELEPHONE NO.	N/A
13. SSS NO.	0640724322	20. MOBILE NO.	09271386965
14. TIN NO.	715681141	21. E-MAIL ADDRESS (if any)	alexander.cabral@vsu.edu.ph
15. AGENCY EMPLOYEE NO.			

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	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	CABRAL		N/A	N/A
FIRST NAME	ALEXANDER	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	TORIBIO		N/A	N/A
25. MOTHER'S MAIDEN NAME	LALUNA		N/A	N/A
SURNAME	MUEGO		N/A	N/A
FIRST NAME	LYDIA		N/A	N/A
MIDDLE NAME			(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	GRACE CHRISTIAN SCHOOL	Primary	2002	2008	graduate	2008	none
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	High School	2008	2012	graduate	2012	none
VOCATIONAL / TRADE COURSE	ACEDILLA TECHNOLOGICAL INSTITUTE	NC2 HOUSEKEEPING	2017	2017	graduate	2017	none
COLLEGE	VISAYAS STATE UNIVERSITY	BS-HRTM	2012	2016	graduate	2016	none
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	Master in Mgmt. Major in Business Management	2019	Present	On-going	N/A	none

(Continue on separate sheet if necessary)

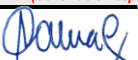
SIGNATURE		DATE	October 10, 2021
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[illegible]

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)			
SIGNATURE		DATE	October 10 2021

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			
	Baybay Tourism and Investment Promotion Office	10/1/2016	10/30/2016	8.0	Tourism Staff/Volunteer	
(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			
	SEMINAR ON FOOD SAFETY AND INNOVATION	10/24/2019	10/24/2019	4.0	TECHNICAL	Visayas StateUniversity-DFST
	SEMINAR-WORKSHOP on M.I.C.E and MORE	9/28/2019	9/28/2019	8.0	TECHNICAL	Eastern Visayas Tourism Association
	SEMINAR ON INTERNATIONAL TRADE LAWS AND POLICIES	05/02/2019	05/02/2019	5.0	TECHNICAL	Visayas StateUniversity-CME
	TRAINING-WORKSHOP ON EVENTS MANAGEMENT	03/11/2019	03/13/2019	8.0	SUPERVISORY	International Skills Republic Academy,INC.
	TRAINING-WORKSHOP ON TOURISM PROMOTION	3/10/2019	3/10/2019	8.0	TECHNICAL	International Skills Republic Academy,INC.
	TRAINING-WORKSHOP ON TRAVEL SERVICES	3/9/2019	3/9/2019	8.0	TECHNICAL	International Skills Republic Academy,INC.
(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)		
	Traveling	None		None		
	Café Hopping					
	Cooking					
	Listening to music					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	October 10 2021	

<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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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>Genevieve Marie T. Bactasa</td> <td>Baybay City, Leyte</td> <td>9151729488</td> </tr> <tr> <td>Jemaima R. Lisondra</td> <td>Baybay City, Leyte</td> <td>9066322255</td> </tr> <tr> <td>Venice B. Ibañez</td> <td>ViSCA, Baybay City, Leyte</td> <td>9356585386</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Genevieve Marie T. Bactasa	Baybay City, Leyte	9151729488	Jemaima R. Lisondra	Baybay City, Leyte	9066322255	Venice B. Ibañez	ViSCA, Baybay City, Leyte	9356585386
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<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>0640724322</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td></td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>1/29/18 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:	0640724322	ID/License/Passport No.:		Date/Place of Issuance:	1/29/18 Ormoc City	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  Signature (Sign inside the box) 9/10/2021 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) 9/10/2021 Date Accomplished	
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<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)</p> <p>With full and handwritten name tag and signature over printed name</p> <p>Computer generated or photocopied picture is not acceptable</p> </div> <p style="text-align: center;">PHOTO</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div> <p style="text-align: center;">Right Thumbmark</p>													
<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: 100px; width: 100%; margin-top: 10px;"></div> <p style="text-align: center;">Person Administering Oath</p>													