

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	MUERTIGUE		
FIRST NAME	JESIBEL	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	LUFRANGCO		
3. DATE OF BIRTH (mm/dd/yyyy)	03/10/1992	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	MAPGAP, BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	Peru
5. SEX	☐ Male ☒ Female		
6 CIVIL STATUS	☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	30 DE DICIEMBRE ST. House/Block/Lot No. Street ZONE 23 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.49 m	ZIP CODE	
8. WEIGHT (kg)	42 kg		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	30 DE DICIEMBRE ST. House/Block/Lot No. Street ZONE 23 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	1211-2604-8041		
12. PHILHEALTH NO.	12-051363940-1	19. TELEPHONE NO.	N/A
13. SSS NO.	06-3226809-0	20. MOBILE NO.	09169108769
14. TIN NO.	324766935-0000	21. E-MAIL ADDRESS (if any)	lufrangco79@gmail.com
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MUERTIGUE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RODNEY	NAME EXTENSION (JR., SR) N/A	YZABELLA LYANNA L. MUERTIGUE	11/28/2022
MIDDLE NAME	ARIOSAS			
OCCUPATION	PHARMACIST			
EMPLOYER/BUSINESS NAME	WESTERN LEYTE PROVINCIAL HOSPITAL			
BUSINESS ADDRESS	PAN-PHILIPPINE HIGHWAY, BAYBAY CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LUFRANGCO			
FIRST NAME	PABLO	NAME EXTENSION (JR., SR) Sr.		
MIDDLE NAME	NIEPEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	GUTAS			
FIRST NAME	ELENA			
MIDDLE NAME	MANLA			
(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	PAJO ELEMENTARY SCHOOL	PRIMARY EDUCATION	1999	2005	N/A	2005	N/A
SECONDARY	BABAG NATIONAL HIGH SCHOOL	HIGH SCHOOL	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	UNIVERSITY OF CEBU-LAPULAPU & MANDAUE	BS NURSING	2009	2011 & 2016	103	N/A	N/A
	UINIVERSITY OF THE PHILIPPINES-OPEN UNIVERSITY, LOS BAÑOS, LAGUNA	ASSOCIATE IN ARTS	2021	2023		2023	N/A
	UINIVERSITY OF THE PHILIPPINES-OPEN UNIVERSITY, LOS BAÑOS, LAGUNA	BS EDUCATION STUDIES	2023	present	48 units	N/A	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	May 13, 2024
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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
	CAREER SERVICE - SUBPROFFESIONAL	80.63%	04/08/2019	Maasin City	760875	03/10/2019
	CAREER SERVICE - PROFFESIONAL	To be determined	03/03/2024	Tacloban City	To be determined	05/09/2024

(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)

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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					

(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			
	HRIS Software Onboarding	12/06/2023	12/06/2023	6	TECHINICAL	ODHRM, VSU
	Unlocking Excellence: The 5S Revolution for Clerks and Heads	11/29/2023	11/29/2023	8	TECHINICAL	ODHRM, VSU
	RISK ASSESSMENT WORKSHOP	09/11/2023	09/12/2023	16	TECHINICAL	PLANNING OFFICE, VSU
	Orientation/Re-orientation of Rules and Responsibilities of AdDRCs and dDRCs, September 7, 2023, at VSU, CCE 1st Floor	09/07/2023	09/07/2023	4	TECHINICAL	QAC, VSU
	ISO 9001:2015 Awareness & Re-awareness Seminar	8/30/2023	8/31/2023	8	TECHINICAL	QAC, VSU
	WORKING TOWARS PERSONAL EFFECTIVENESS	08/22/2023	08/25/2023	32	TECHINICAL	PERSONEL OFFICERS ASSOCIATION OF THE PHILIPPINES
	ISO 9001:2015 Awareness & Re-awareness Seminar	8/29/2023	8/29/2023	4	TECHINICAL	QAC, VSU
	CFES STATEGIC PLANNING WORKSHOP 2023	11/23/2022	11/23/2022	8	TECHINICAL	CFES, VSU
	MANDATORY ORIENTATION AND RE-ORIENTATION OF ACADEMIC ADVISERS, DEPARTMENT ENROLLMENT	08/25/2022	08/25/2022	8	TECHINICAL	OVPAA, VSU
	VIRTUAL AWARENESS SEMINAR on RA No. 11032 (Ease of Doing Business)	06/08/2022	06/08/2022	8	TECHINICAL	LEGAL OFFICE, VSU
	TRAINING ON EDATS	04/28/2022	04/28/2022	4	TECHINICAL	RSPPRO AND MIS OFFICE, VSU
	GENDER, CLIMATE, AND DISASTER RESILIENCE: CHALLENGES OF EQUITY AND SUSTAINABILITY	01/03/2021	01/03/2021	4	TECHINICAL	CCARPH-NRC
	ISO RE-AWARENESS SEMINAR	11/27/2020	11/27/2020	4hrs	TECHINICAL	OFFICE OF THE PRESIDENT
	STRATEGIC PLAN MONITORING	11/25/2020	11/26/2020	16hrs	TECHINICAL	OFFICE OF THE VICE PRESIDENT OF ACADEMIC AFFAIRS, VSU
	SEMINAR-WORKSHOP ON RECORDS MANAGEMENT & NAP FORM	12/13/2019	12/13/2019	8hrs.	TECHINICAL	OFFICE OF HUMAN RESOURCE MANAGEMENT, VSU
	HRMIS CYBER SECURITY TRAINING	12/18/2019	12/19/2019	16hrs	TECHINICAL	OFFICE OF HUMAN RESOURCE MANAGEMENT, VSU
	PDS TRAINING	11/26/2019	11/26/2019	4hrs	TECHINICAL	OFFICE OF HUMAN RESOURCE MANAGEMENT, VSU
	ORIENTATION WORKSHOP ON NEWLY HIRED JOB ORDER EMPLOYEE IN VSU	01/14/2019	01/14/2019	8hrs.	TECHINICAL	OFFICE OF HUMAN RESOURCE MANAGEMENT, VSU
	HANDS-ON TRAINING ON HRMIS	09/06/2018	09/06/2018	8hrs.	TECHINICAL	OFFICE OF HUMAN RESOURCE MANAGEMENT, VSU

(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: POWERPOINT, WORD, AND EXCEL		N/A		UP Alumni Association
	DESIGN LAYOUT, VIDEO EDITING				UPOU Alumni Association
	DRESS MAKING				LSU Administrative Personnel Association (AdPA)
	BAKING				
	FIRST AID				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 13, 2024
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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)?	☐ YES☒ NO ☐ YES☒ NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	☐ YES☒ NO If YES, give details: _____ ☐ YES☒ NO If YES, give details: Date Filed: _____ Status of Case/s: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES☒ NO If YES, give details: _____												
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?	☐ YES☒ NO If YES, give details: _____												
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?	☐ YES☒ NO If YES, give details: _____ ☐ YES☒ NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES☒ NO If YES, give details (country): _____												
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?	☐ YES☒ NO If YES, please specify: _____ ☐ YES☒ NO If YES, please specify ID No: _____ ☐ YES☒ NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>DENNIS P. PEQUE</td><td>CFES, VSU, BAYBAY CITY, LEYTE</td><td>563-7552</td></tr><tr><td>ANGELICA P. BALDOS</td><td>DFS, VSU, BAYBAY CITY, LEYTE</td><td>563-7552</td></tr><tr><td>TEOFANES A. PATINDOL</td><td>DFS, VSU, BAYBAY CITY, LEYTE</td><td>563-7552</td></tr></table>		NAME	ADDRESS	TEL. NO.	DENNIS P. PEQUE	CFES, VSU, BAYBAY CITY, LEYTE	563-7552	ANGELICA P. BALDOS	DFS, VSU, BAYBAY CITY, LEYTE	563-7552	TEOFANES A. PATINDOL	DFS, VSU, BAYBAY CITY, LEYTE	563-7552
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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.													
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: VSU ID ID/License/Passport No.: V01247 Date/Place of Issuance: 5/12/2021-VSU	 Signature (Sign inside the box) May 13, 2024 Date Accomplished  PHOTO Right Thumbmark												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
Person Administering Oath													