

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	MANGUIAT		
FIRST NAME	NICOLE CHELSEA		NAME EXTENSION (JR., SR)
MIDDLE NAME	BECADA		
3. DATE OF BIRTH (mm/dd/yyyy)	08/12/2001	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BACOR, CAVITE	If holder of dual citizenship, please indicate the details.	<input 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	C. ARELLANO ST.
7. HEIGHT (m)	1.52	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	54		POBLACION ZONE 4
9. BLOOD TYPE	A+		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		BAYBAY CITY LEYTE
11. PAG-IBIG ID NO.	121307602253		City/Municipality Province
12. PHILHEALTH NO.	13-000128423-2	ZIP CODE	6521
13. SSS NO.	N/A	18. PERMANENT ADDRESS	C. ARELLANO ST.
14. TIN NO.	617-955-565-00000	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	N/A		POBLACION ZONE 4
			Subdivision/Village Barangay
			BAYBAY CITY LEYTE
			City/Municipality Province
		ZIP CODE	6521
19. TELEPHONE NO.	N/A		
20. MOBILE NO.	09927080636		
21. E-MAIL ADDRESS (if any)	manguiatnicolechelsea@gmail.com		

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			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MANGUIAT			
FIRST NAME	JOEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MENDEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	BECADA			
FIRST NAME	CHERLYN			
MIDDLE NAME	MAGBANUA		(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	DIPOLO ELEMENTARY SCHOOL	PRIMARY EDUCATION	2006	2012	GRADUATE	2012	Salutatorian
SECONDARY	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION	SENIOR HIGH SCHOOL	2016	2018	GRADUATE	2016	With Honors
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN BIOLOGY	2018	2022	GRADUATE	2022	Magna 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	July 17, 2024
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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		
	Large Marine Vertebrates Institute Philippines	October 2021	November 2021	20.0	Online Intern

(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			
	20th Philippine Society for Probiotics and Functional Foods, Inc. (PhilProFF) Anniversary Assembly and Scientific Convention	October 2023	October 2024	14.0	Technical	Philippine Society for Probiotics and Functional Foods, Inc.
	Capacity Building: Laboratory Techniques for Parasite Surveillance	October 2022	October 2022	8.0	Technical	Department of Biological Sciences - Visayas State University
	Creating Learning Materials using PowerPoint	December 2021	December 2021	12.0	Technical	Department of Biological Sciences - Visayas State University
	Working with Data in Excel	November 2021	November 2021	12.0	Technical	Department of Biological Sciences - Visayas State University
	Techniques for Terrestrial Wildlife Surveys	November 2021	November 2021	12.0	Technical	Department of Biological Sciences - Visayas State University
	How to Prepare IEC Materials	November 2021	November 2021	12.0	Technical	Department of Biological Sciences - Visayas State University
	LAMAVE Virtual Training	October 2021	October 2021	20.0	Technical	Department of Biological Sciences - Visayas State University
	Theory of Change in Conservation: Insights from Philippine Primatology	October 2021	October 2021	12.0	Technical	Department of Biological Sciences - Visayas State University
	Mapping	October 2021	October 2021	12.0	Technical	Department of Biological Sciences - 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)
	Playing mobile games		N/A		N/A
	Watching films				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 17, 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)?		<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)		
NAME		ADDRESS
SENONA A. CESAR		VISCA, BAYBAY CITY, LEYTE
BERNA LOU A. REGIS		VISCA, BAYBAY CITY, LEYTE
FRETZELJANE O. POGADO		VISCA, BAYBAY CITY, LEYTE
TEL. NO.		
09778179877		
053-563-7536		
09311615757		
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.		
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PhilHealth</div> <div>ID/License/Passport No.: 13-000128423-2</div> <div>Date/Place of Issuance: October 2022</div>		<div><div>Signature</div><div>Signature (Sign inside the box)</div><div>July 17, 2024</div><div>Date Accomplished</div></div>
		<div>PHOTO</div>
		<div>Right Thumbmark</div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div>Person Administering Oath</div>		