

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	Estrosas		
FIRST NAME	Maria Fatima	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Bohol		
3. DATE OF BIRTH (mm/dd/yyyy)	03/10/1992	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 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.5	17. RESIDENTIAL ADDRESS	Purok Sunflower
8. WEIGHT (kg)	50kg	ZIP CODE	House/Block/Lot No. Street
9. BLOOD TYPE	"B" rh positive		Subdivision/Village Barangay
10. GSIS ID NO.	2005203341		Baybay City Leyte
11. PAG-IBIG ID NO.	917174381669		City/Municipality Province
12. PHILHEALTH NO.	13-252156584-9		
13. SSS NO.	N/A	18. PERMANENT ADDRESS	Purok Sunflower
14. TIN NO.	492 732 533	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	V01001		Subdivision/Village Barangay
			Baybay City Leyte
			City/Municipality Province
			6521
		19. TELEPHONE NO.	(053) 300 2711
		20. MOBILE NO.	09686907197
		21. E-MAIL ADDRESS (if any)	mfestrosas@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Chavez		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Stephen James	NAME EXTENSION (JR., SR)	Ryo Uno E. Chavez	29/04/2021
MIDDLE NAME	Martinez			
OCCUPATION	Programmer			
EMPLOYER/BUSINESS NAME	CodEv			
BUSINESS ADDRESS	Cebu City			
TELEPHONE NO.	9173148725			
24. FATHER'S SURNAME	Estrosas			
FIRST NAME	Lucio	NAME EXTENSION (JR., SR) JR.		
MIDDLE NAME	Escol			
25. MOTHER'S MAIDEN NAME				
SURNAME	Bohol			
FIRST NAME	Ida			
MIDDLE NAME	Merin		(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	MARCOS ELEMENTARY SCHOOL	N/A	2000	2004	N/A	N/A	1ST HONOR
SECONDARY	SAN. AGUSTIN ELEMENTARY SCHOOL	N/A	2004	2006	N/A	2006	4TH HONOR
VOCATIONAL / TRADE COURSE	BUNGA NATIONAL HIGH SCHOOL	N/A	2006	2010	N/A	2010	9TH HONOR
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION	2010	2016	N/A	2016	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN AGRICULTURAL EXTENSION	2017	2024	N/A	2024	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 8, 2025
-----------	---	------	-----------------

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(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]

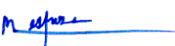
(Continue on separate sheet if necessary)





SIGNATURE

Measure

DATE _____

January 8, 2025

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	
N/A		N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	
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						
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			
	Basic Course Training on RA 9184 and its Revised Implementing Rules and RA of 2016 for VSU	11/26/2024	11/28/2024	24 hrs	End User	Visayas State University
	Problem Solving and Decision-Making	25/07/2023	28/07/2023	32 hrs	Supervisory	Personnel Officers Association of the Philippines, Inc.
	Philippine Procurement System & Updates and Property Appraisal & Disposal in Government	June 28,2023	30/06/2023	24 hrs	Technical	Government Financial Management Innovators Circle (GFMIC), Inc.
	Tracking Beyond: Training Course on Basic Monitoring and Evaluation for AFE stakeholders	09/07/2018	13/07/2018	120 hrs	technical	Agricultural Training Institute
	Extension Project Proposal Training	05/03/2018	09/03/2018	120 hrs	technical	Agricultural Training Institute
	Intellectual Property Foundation Course	05/12/2017	06/12/2017	48 hrs	technical	OVPRE
(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		N/A		WOMEN ASSOCIATION (FoWARD)	
	DATA ANALYSIS		N/A		Administrative Personnel Association (AdPA)	
	RESEARCH		N/A		Philippine Extension and Advisory Services Network Inc. (PhilEASNet)	
	BROADCASTING		N/A		VSU Alumni Association	
	EVENT ORGANIZING		N/A			
	HOSTING		N/A			
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	January 8, 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>DR. ROTACIO S. GRAVOSO</td> <td>MARCOS BAYBAY CITY LEYTE</td> <td>VOIP-1003</td> </tr> <tr> <td>PROF. CORAZON A. PADILLA</td> <td>VISCA BAYBAY CITY LEYTE</td> <td>9268463483</td> </tr> <tr> <td>ENGR. JEFFREY LLOYD L. CAGANDE</td> <td>BAYBAY CITY LEYTE</td> <td>9167225829</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. ROTACIO S. GRAVOSO	MARCOS BAYBAY CITY LEYTE	VOIP-1003	PROF. CORAZON A. PADILLA	VISCA BAYBAY CITY LEYTE	9268463483	ENGR. JEFFREY LLOYD L. CAGANDE	BAYBAY CITY LEYTE	9167225829
NAME	ADDRESS	TEL. NO.											
DR. ROTACIO S. GRAVOSO	MARCOS BAYBAY CITY LEYTE	VOIP-1003											
PROF. CORAZON A. PADILLA	VISCA BAYBAY CITY LEYTE	9268463483											
ENGR. JEFFREY LLOYD L. CAGANDE	BAYBAY CITY LEYTE	9167225829											
<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>VOTERS ID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>3708-0221A</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>BAYBAY CITY LEYTE</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:	VOTERS ID	ID/License/Passport No.:	3708-0221A	Date/Place of Issuance:	BAYBAY CITY LEYTE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) </td> </tr> <tr> <td style="text-align: center;"> January 8, 2025 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box)	January 8, 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:	VOTERS ID												
ID/License/Passport No.:	3708-0221A												
Date/Place of Issuance:	BAYBAY CITY LEYTE												
 Signature (Sign inside the box)													
January 8, 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: 100px; margin-top: 20px;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 5px;"> Person Administering Oath </div> </div> <div style="width: 35%; text-align: center;">  PHOTO </div> </div> <div style="border: 1px solid black; height: 100px; margin-top: 20px; text-align: center;"> Right Thumbmark </div>													