

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	ARTIGA		
FIRST NAME	EDILBERTO	NAME EXTENSION (JR., SR) JR. II	
MIDDLE NAME	ACASIO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/27/1991	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.	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"/> Other/s:	17. RESIDENTIAL ADDRESS	1352 ZONE 2 House/Block/Lot No. Street BRGY. GUADALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.72	ZIP CODE	6521
8. WEIGHT (kg)	68		
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	1352 ZONE 2 House/Block/Lot No. Street BRGY. GUADALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	021-1429-9143-2	ZIP CODE	6521
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-000109646-0	19. TELEPHONE NO.	N/A
13. SSS NO.	N/A	20. MOBILE NO.	09383644332
14. TIN NO.	428-272-920	21. E-MAIL ADDRESS (if any)	edilberto.artiga@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	V00805		

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	ARTIGA		N/A	N/A
FIRST NAME	EDILBERTO	NAME EXTENSION: JR.	N/A	N/A
MIDDLE NAME	ENDRIANO		N/A	N/A
25. MOTHER'S MAIDEN NAME	ACASIO		N/A	N/A
SURNAME	ARTIGA		N/A	N/A
FIRST NAME	LEONARDA		N/A	N/A
MIDDLE NAME	SIEGA		(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	VISCA FOUNDATION ELEMENTARY SCHOOL	PRIMARY EDUCATION	1998	2004	N/A	2004	N/A
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	SECONDARY EDUCATION	2004	2008	N/A	2008	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OR SECONDARY EDUCATION MAJOR IN MAPEH	2008	2012	N/A	2012	ACADEMIC
GRADUATE STUDIES	LEYTE NORMAL UNIVERSITY	MASTER IN PHYSICAL EDUCATION	2013	PRESENT	30 UNITS	ON-GOING	CHED

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 31, 2018
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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]

SIGNATURE		DATE	JULY 31, 2018
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# VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

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)

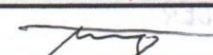
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	RADIO FOR DEVELOPMENT WORKSHOP	7/30/2018	7/30/2018	4	TECHNICAL	VSU RADIO DYDC-FM 104.7
	WRITESHOP ON OUTCOMES-BASED EDUCATION COURSE SYLLABI	7/26/2018	7/26/2018	8	TECHNICAL	VSU COLLEGE OF EDUCATION
	ATHLETICS OFFICIATING TRAINING	10/5/2016	10/7/2016	24	MANAGERIAL	NAVAL STATE UNIVERSITY
	SPORTS CLINIC IN FINSWIMMING	5/10/2016	5/12/2016	20	TECHNICAL	PHILIPPINE FINSWIMMING FEDERATION, INC.
	SPORTS CLINIC: ORGANIZING, MANAGING AND OFFICIATING SWIMMING COMPETITION	5/25/2015	5/26/2015	16	TECHNICAL	INSTITUTE OF HUMAN KINETICS
	COACHES ACROSS CONTINENTS: SOCCER FOR SOCIAL IMPACT	5/7/2015	5/9/2015	20	TECHNICAL	COACHES ACROSS CONTINENTS
	SEMINAR-WORKSHOP ON THE IMPLEMENTATION OF OUTCOMES-BASED EDUCATION (OBE)	5/4/2015	5/5/2015	16	TECHNICAL	VISAYAS STATE UNIVERSITY
	SEMINAR WORKSHOP ON NEWS LETTER WRITING	3/1/2015	3/1/2015	8	TECHNICAL	INSTITUTE OF HUMAN KINETICS
	SINULOG FESTIVAL, MANAGEMENT SEMINAR AND WORKSHOP	1/10/2015	1/10/2015	4	TECHNICAL	SINULOG FOUNDATION INC.
	KASIBULAN GRASSROOTS COACHING COURSE AND FESTIVAL	11/7/2014	11/9/2014	24	TECHNICAL	BAYBAY CITY DIVISION & PHILIPPINE FOOTBALL FEDERATION
	SUMMER LEARN TO SWIM	4/21/2014	5/9/2014	24	MANAGERIAL	INSTITUTE OF HUMAN KINETICS
	OUTCOMES - BASED EDUCATION FOR ASEAN 2015	3/8/2014	3/8/2014	8	TECHNICAL	LEYTE NORMAL UNIVERSITY
	WORKSHOP IN INSTRUCTIONAL MATERIALS DEVELOPMENT FOR THE VISAYAS STATE UNIVERSITY	1/28/2014	1/29/2014	16	TECHNICAL	VISAYAS STATE UNIVERSITY
	OPEN WATER SAFETY TRAINING FOR CHILDREN AND YOUTH	6/22/2013	6/22/2013	8	MANAGERIAL	HAYAG FAMILY DEVELOPMENT CENTER WITH PEACE CORPS
	SWIM CAMP/ DISASTER PREPAREDNESS TRAINING FOR CHILDREN AND YOUTH	4/24/2013	4/26/2013	24	MANAGERIAL	HAYAG FAMILY DEVELOPMENT CENTER WITH CHILD FUND
	SEMINAR CLINIC ON OFFICIATING ATHLETIC EVENTS	2/16/2013	2/16/2013	8	MANAGERIAL	INSTITUTE OF HUMAN KINETICS

(Continue on separate sheet if necessary)

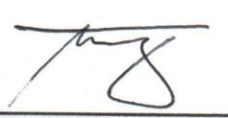

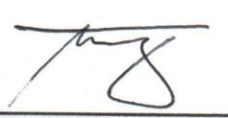

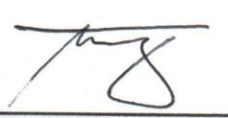




## VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	BADMINTON COACH		CHAMPION COACH REGIONAL SCUAA (2014, 2015, 2016 & 2017), NATIONAL SCUAA OLYMPICS COACH (2015 - 4TH PLACER, 2016 - 3RD PLACER & 2018)		INSTITUTE OF HUMAN KINETICS VARSITY SPORTS PROGRAM
	BADMINTON				HAPAKERS BADMINTON CLUB, BAYBAY CITY
	DANCING				
	PLAYING SPORTS (ANY FORM)				
	OFFICIATING (SPORTS)				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 31, 2018
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<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. ALELI A. VILLOCINO</td> <td>VISCA, BAYBAY CITY LEYTE</td> <td>9173040879</td> </tr> <tr> <td>PROF. VICENTE B. ANTIPASO</td> <td>VISCA, BAYBAY CITY LEYTE</td> <td>9287813701</td> </tr> <tr> <td>MARY JEAN M. SAPAN</td> <td>VISCA, BAYBAY CITY LEYTE</td> <td>9423679323</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL NO.	DR. ALELI A. VILLOCINO	VISCA, BAYBAY CITY LEYTE	9173040879	PROF. VICENTE B. ANTIPASO	VISCA, BAYBAY CITY LEYTE	9287813701	MARY JEAN M. SAPAN	VISCA, BAYBAY CITY LEYTE	9423679323
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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>													
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<p>SUBSCRIBED AND SWORN to before me this <b>AUG 01 2018</b>, affiant exhibiting his/her validly issued government ID as indicated above.</p>													
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