

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	Lim			
FIRST NAME	Maricel	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	Villalino			
3. DATE OF BIRTH (mm/dd/yyyy)	10/14/1973	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	Baybay City Leyte	If holder of dual citizenship, please indicate the details.	Philippines	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	41 A. Bonifacio House/Block/Lot No. Street Poblacion Zone 12 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province	
7. HEIGHT (m)	3.00	ZIP CODE	6521	
8. WEIGHT (kg)	80.00			
9. BLOOD TYPE	O+		18. PERMANENT ADDRESS	House/Block/Lot No. Street
10. GSIS ID NO.	N/A		Subdivision/Village Barangay	
11. PAG-IBIG ID NO.	N/A		City/Municipality Province	
12. PHILHEALTH NO.	N/A	ZIP CODE		
13. SSS NO.	N/A	19. TELEPHONE NO.	(1	
14. TIN NO.	N/A	20. MOBILE NO.	917-630-2066	
15. AGENCY EMPLOYEE NO.	V00840	21. E-MAIL ADDRESS (if any)	maricel.lim@vsu.edu.ph	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Calhoun		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Jeffrey	NAME EXTENSION (JR., SR)	Haerence James Villalino	09/18/1994
MIDDLE NAME	NA		Celine Karla Villalino	12/14/2001
OCCUPATION	NA		Fleur Bielle Dundee V. Lim	03/02/2011
EMPLOYER/BUSINESS NAME	NA		Benezel Louise V. Lim	11/14/2012
BUSINESS ADDRESS	NA			
TELEPHONE NO.	09682598275			
24. FATHER'S SURNAME	Villalino			
FIRST NAME	Maximo	NAME EXTENSION (JR., SR) Sr.		
MIDDLE NAME	Mantua			
25. MOTHER'S MAIDEN NAME	Martha Moreno Yaranon			
SURNAME	Villalino			
FIRST NAME	Martha			
MIDDLE NAME	Yaranon		(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	Baybay North Central School	Elementary	1980	1986		1986	
SECONDARY	Franciscan College of Immaculate Conception	High School	1986	1990		1990	
VOCATIONAL/ TRADE COURSE	Datamax Computer Institute	System Design and Programming	1998	2000		2000	
COLLEGE	AMA Computer College	Bachelor of Science in Computer Science	2000	2003		2003	
GRADUATE STUDIES	AMA Computer College	Master of Science in Computer Science	2006	2009		2009	
PLEASE SEE ATTACHMENT A							
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		09/23/2022		

Attachment A

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			
	GRADUATE STUDIES	Rizal Technological University	Doctor of Philosophy in Nursing Science	2008				
(Continue on separate sheet if necessary)								
SIGNATURE				DATE		09/23/2022		

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

(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)

[illegible]

(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)
	N/A		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	09/23/2022
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<div>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>		<div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div></div>												
<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>		<div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<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>		<div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<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>		<div><div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: _____</div></div><div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: _____</div></div></div>												
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></div>												
<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>		<div><div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, please specify: _____</div></div><div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div></div><div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div></div></div>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>			NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.												
<div>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>		<div><div><div>ID picture taken within the last 6 months 3.5 cm x 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable</div><div>PHOTO</div></div><div><div> </div><div>Right Thumbmark</div></div></div>												
<div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></div><div>Government Issued ID: N/A</div><div>ID/License/Passport No.: N/A</div><div>Date/Place of Issuance: N/A</div></div>	<div><div> </div><div>Signature (Sign inside the box)</div><div>09/23/2022</div><div>Date Accomplished</div></div>													
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div> </div><div>Person Administering Oath</div></div>														