

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	MIÑOZA		
FIRST NAME	SUSANA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	BERIDO		
3. DATE OF BIRTH (mm/dd/yyyy)	11/14/1981	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Ormoc City	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	☐ Male ☒ Female		
6. CIVIL STATUS	☐ Single ☐ Married ☒ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	Harrison House/Block/Lot No. Street Can-adieng Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province ZIP CODE 6541
7. HEIGHT (m)	1.50	18. PERMANENT ADDRESS	Harrison House/Block/Lot No. Street Can-adieng Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province ZIP CODE 6541
8. WEIGHT (kg)	86.00		
9. BLOOD TYPE	B+		
10. GSIS ID NO.	00624700113		
11. PAG-IBIG ID NO.	121149885653		
12. PHILHEALTH NO.	130500651157	19. TELEPHONE NO.	1
13. SSS NO.	0624700113	20. MOBILE NO.	9085584254
14. TIN NO.	279632535000	21. E-MAIL ADDRESS (if any)	susana.minoza@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	V00875		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MIÑOZA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	AMANCIO	NAME EXTENSION (JR., SR)	ALBERT ANDREW BERIDO MIÑOZA	03/11/2001
MIDDLE NAME	CASAS			
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	BERIDO			
FIRST NAME	RENATO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BANDE			
25. MOTHER'S MAIDEN NAME	SOLAMO			
SURNAME	BERIDO			
FIRST NAME	MILAGROSA			
MIDDLE NAME	CO		(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	Can-adieng Elementary School	Elementary	1988	1994		1994	N/A
SECONDARY	Ormoc City National High School	High School	1994	1998		1998	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Bachelor of Science in Statistics	1998	2013		2013	N/A
GRADUATE STUDIES	Visayas State University	Master of Management	2016	2019	41	2019	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/17/2023
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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	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			
	Training-Workshop on Risk Assessment	11/24/2022	11/25/2022	16	Managerial	Visayas State University
	Regional Knowledge Management Seminar-Workshop on the Inventory of Knowledge Resources and Communication Plan, and IEC Materials	11/23/2022	11/23/2022	8	Technical	RAISE (Regional Agri-Aqua Innovation System Enhancement) Eastern Visayas
	Orientation/Re-orientation of Duties and Responsibilities of dDRCs and AdDRCs, and Cascading of Documents and Records Control Procedure Manuals and Guidelines	09/07/2022	09/07/2022	4	Managerial	Quality Assurance Center, Visayas State University
	ISO 9001:2015 Awareness/ Re-awareness Seminar	08/30/2022	08/31/2022	8	Managerial	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Hands-Only Cardiopulmonary Resuscitation	07/22/2022	07/22/2022	2	Technical	Department of Health / Visayas State University
	Data Analytics & Statistics Training	07/18/2022	07/19/2022	14	Technical	Eastern Visayas Health Research and Development Consortium (EVHRDC)
	In-House Training on the Basics of Solar PV Systems, Installation, and Maintenance	05/25/2022	05/27/2022	12	Technical	Renewable Energy Research Center, VSU, Visca, Baybay City, Leyte
	98th VSU Anniversary: "My Changing Body"	05/02/2022	05/02/2022	7	Managerial	VSU Gender Resource Center
	Forum: Women Inspiring Women	03/07/2022	03/07/2022	7	Managerial	VSU Gender Resource Center
	Re-orientation of Employees' Duties and Responsibilities and Good Customer Service	09/23/2021	09/23/2021	7	Supervisory	Office of the Director for Human Resource Management, Visayas State University
	ISO 9001:2015 ISO Awareness and Reawareness Webinar	11/27/2020	11/27/2020	4	Managerial	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	HRMIS Webinar on Document Tracking System	11/13/2020	11/13/2020	3	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	In-house Training on Republic Act 9184 and the 2016 Revised Implementing Rules and Regulations	06/10/2019	06/12/2019	21	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Problem Solving and Decision-Making	11/06/2018	11/09/2018	32	Supervisory	Personnel Officers Association of the Philippines, Inc. (POAP)

(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		VSU ADMINISTRATIVE PERSONNEL ASSOCIATION (VSU-ADPA)
					Visayas State University Alumni Association

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/17/2023
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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 ☐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><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>MARIA TERESA A. CRUZ</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>09263037907</td></tr><tr><td>ROBERTO C. GUARTE</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>09991723334</td></tr><tr><td>NILO L. LEORNA</td><td>Kilbourne ST., VSU, Visca, Baybay City, Leyte</td><td>09996915424</td></tr></table>					NAME	ADDRESS	TEL. NO.	MARIA TERESA A. CRUZ	VISCA, BAYBAY CITY, LEYTE	09263037907	ROBERTO C. GUARTE	VISCA, BAYBAY CITY, LEYTE	09991723334	NILO L. LEORNA	Kilbourne ST., VSU, Visca, Baybay City, Leyte	09996915424
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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.			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 PHOTO Right Thumbmark													
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: UMID ID/License/Passport No.: 000624700113 Date/Place of Issuance: 10/09/2018 / Maasin City		Signature (Sign inside the box) 03/17/2023 Date Accomplished														
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath																