

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	Urate		
FIRST NAME	Christopher	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Apaitan		
3. DATE OF BIRTH (mm/dd/yyyy)	01/02/1977	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	Cadiz Ivisan	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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Zone 3 House/Block/Lot No. Street Guadalupe (Utod) Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.54	18. PERMANENT ADDRESS	Zone 3 House/Block/Lot No. Street Guadalupe (Utod) Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	53.00		
9. BLOOD TYPE	A-		
10. GSIS ID NO.	2005776778		
11. PAG-IBIG ID NO.	121051597533		
12. PHILHEALTH NO.	190267156852		
13. SSS NO.	N/A	19. TELEPHONE NO.	(1
14. TIN NO.	946087980	20. MOBILE NO.	997-148-9205
15. AGENCY EMPLOYEE NO.	V01201	21. E-MAIL ADDRESS (if any)	cris.urate@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	URATE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LIZA	NAME EXTENSION (JR., SR)	LYZA ANTONINA G. URATE	01/17/2008
MIDDLE NAME	GUCELA		CHRISTIE ZAIL G. URATE	05/15/2020
OCCUPATION	CLERK			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	URATE			
FIRST NAME	EDWIN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ORBEIN			
25. MOTHER'S MAIDEN NAME	LUZ APAITAN			
SURNAME	APAITAN			
FIRST NAME	LUZ			
MIDDLE NAME	VALVAREZ		(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	VFES	Elementary	1983	1989		1989	N/A
SECONDARY	Experimental Rural High School	High School	1990	1994		1994	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	05/03/2023
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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			
	5S TRAINING for Utility and Messenger Personnel	11/24/2022	11/24/2022	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	ISO 9001:2015 Awareness/Re-awareness Seminar	08/30/2022	08/31/2022	16	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Hands-Only Cardiopulmonary Resuscitation	07/21/2022	07/22/2022	16	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Re-orientation of Employees Duties and Duties and Responsibilities and Good Customer Service	09/23/2021	09/23/2021	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	ISO 9001:2015 Awareness/ Re-awareness Webinar	11/27/2020	11/27/2020	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "

(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	05/03/2023
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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 checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" 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 checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" 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 checked="" 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 checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: _____ <b>finished contract as OFW</b></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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" 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 checked="" 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 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></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>Janet Bencure</td><td>Visca Baybay City</td><td></td></tr><tr><td>Manuel Gacutan</td><td>Guadalupe Baybay City Leyte</td><td></td></tr><tr><td>Lualhati M. Noriel</td><td>Laguna City</td><td></td></tr></table>			NAME	ADDRESS	TEL. NO.	Janet Bencure	Visca Baybay City		Manuel Gacutan	Guadalupe Baybay City Leyte		Lualhati M. Noriel	Laguna City	
NAME	ADDRESS	TEL. NO.												
Janet Bencure	Visca Baybay City													
Manuel Gacutan	Guadalupe Baybay City Leyte													
Lualhati M. Noriel	Laguna City													
<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: <b>DL</b></div><div>ID/License/Passport No.: <b>H1218001005</b></div><div>Date/Place of Issuance: <b>12/28/2022 / Baybay City</b></div></div>	<div><div></div><div>Signature (Sign inside the box)</div><div>05/03/2023</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>														