

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	Muertigue		
FIRST NAME	Jesibel	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Lufrangco		
3. DATE OF BIRTH (mm/dd/yyyy)	10/03/1992	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Mapgap, Baybay City, Leyte	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	30 de Diciembre St House/Block/Lot No. Street Poblacion Zone 23 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.50	ZIP CODE	6521
8. WEIGHT (kg)	45.00		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	30 de Diciembre St. House/Block/Lot No. Street Poblacion Zone 23 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	19. TELEPHONE NO.	(053) 565-0600
13. SSS NO.	N/A	20. MOBILE NO.	916-910-8769
14. TIN NO.	N/A	21. E-MAIL ADDRESS (if any)	jesibel.muertigue@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	V01247		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Muertigue	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Rodney	NAME EXTENSION (JR., SR)	Yzabella Lyanna L. Muertigue
MIDDLE NAME	Ariosa		11/28/2022
OCCUPATION	Pharmacist		
EMPLOYER/BUSINESS NAME	Immaculate Conception Hospital		
BUSINESS ADDRESS	PAN-PHILIPPINE HIGHWAY, BAYBAY CITY, LEYTE		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	Lufrangco		
FIRST NAME	Pablo	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Niepez		
25. MOTHER'S MAIDEN NAME	Elena Manla Gutas		
SURNAME	Lufrangco		
FIRST NAME	Elena		
MIDDLE NAME	Gutas	(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	N/A						
SECONDARY	N/A						
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	University of Cebu	Bachelor of Science in Nursing	2009	2010	103	2010	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	09/25/2023
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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		DATE	09/25/2023
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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			
	Risk Assessment Workshop	09/11/2023	09/12/2023	16	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Working Towards Personal Effectiveness	08/22/2023	08/25/2023	32	Technical	Personnel Officers Association of the Philippines (POAP)
	BASIC CONDUCTING SEMNIAR	03/15/2023	03/15/2023	2	Technical	Institute of Human Kinetics, Visayas State University
	Mandatory Orientation and Reorientation of Academic Advisers, Department Enrollment Focal Persons, and College Hotline Agents	08/25/2022	08/25/2022	8	Instruction	Office of the Vice-President for Academic Affairs, Visayas State University
	VIRTUAL AWARENESS SEMINAR on RA No. 11032 (Ease of Doing Business)	06/28/2022	06/28/2022	8	Technical	Legal Office, Visayas State University
	TRAINING ON EDATS	04/28/2022	04/28/2022	4	Technical	Office of the Vice-President for Administration and Finance, Visayas State University
	GENDER, CLIMATE, AND DISASTER RESILIENCE: CHALLENGES OF EQUITY AND SUSTAINABILITY	03/01/2021	03/01/2021	4	Technical	National Resilience Council
	ISO RE-AWARENESS SEMINAR	11/27/2020	11/27/2020	4	Technical	Office of the President, Visayas State University
	STRATEGIC PLAN MONITORING	11/25/2020	11/26/2020	16	Technical	Office of the Vice-President for Academic Affairs, Visayas State University
	HRMIS CYBER SECURITY TRAINING	12/18/2019	12/19/2019	16	Technical	Office of the Director for Human Resource Management, Visayas State University
	SEMINAR-WORKSHOP ON RECORDS MANAGEMENT & NAP FORM	12/13/2019	12/13/2019	8	Technical	Office of the Director for Human Resource Management, Visayas State University
	PDS TRAINING	11/26/2019	11/26/2019	4	Technical	Office of the Director for Human Resource Management, Visayas State University
	ORIENTATION WORKSHOP ON NEWLY HIRED JOB ORDER EMPLOYEE IN VSU	01/14/2019	01/14/2019	8	Technical	Office of the Director for Human Resource Management, Visayas State University
	HANDS-ON TRAINING ON HRMIS	09/06/2018	09/06/2018	8	Technical	Office of the Director for Human Resource Management, Visayas State University
(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)		
	Clerical Skills	N/A		N/A		
	• Computer Literate (MS word, excel, ppt presentation) • Good in communication Skills					
	Baking					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	09/25/2023	

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 If YES, give details: _____ ☐ 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>ANGELICA P. BALDOS</td><td>DFS,VSU, BAYBAY CITY</td><td>565 0600-1026</td></tr><tr><td>DENNIS P. PEQUE</td><td>CFES,VSU, BAYBAY CITY, LEYTE</td><td>565 0600-1109</td></tr><tr><td></td><td></td><td></td></tr></table>			NAME	ADDRESS	TEL. NO.	ANGELICA P. BALDOS	DFS,VSU, BAYBAY CITY	565 0600-1026	DENNIS P. PEQUE	CFES,VSU, BAYBAY CITY, LEYTE	565 0600-1109			
NAME	ADDRESS	TEL. NO.												
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DENNIS P. PEQUE	CFES,VSU, BAYBAY CITY, LEYTE	565 0600-1109												
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.) <i>PLEASE INDICATE ID Number and Date of Issuance</i> Government Issued ID: N/A ID/License/Passport No.: N/A Date/Place of Issuance: N/A	Signature (Sign inside the box) 09/25/2023 Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath														