

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	Cabase		
FIRST NAME	Iñigo Ezekiel	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Quiñones		
3. DATE OF BIRTH (mm/dd/yyyy)	09/10/1994	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Las Piñas 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	
7. HEIGHT (m)	1.70	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	80.00		Subdivision/Village Barangay
9. BLOOD TYPE	O+		City/Municipality Province
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	18. PERMANENT ADDRESS	
13. SSS NO.	N/A	ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	N/A		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	V02008		City/Municipality Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	928-180-6666
		21. E-MAIL ADDRESS (if any)	inigo.cabase@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Cabase		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Michelle Aubrey	NAME EXTENSION (JR., SR)	Zariah Brielle Domingo Cabase	10/16/2020
MIDDLE NAME	Domingo			
OCCUPATION	Instructor			
EMPLOYER/BUSINESS NAME	Visayas State University			
BUSINESS ADDRESS	VSU Main, Baybay City, Leyte			
TELEPHONE NO.				
24. FATHER'S SURNAME	Cabase			
FIRST NAME	Joseph	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Rayos			
25. MOTHER'S MAIDEN NAME	Melinda Alvarez Quinones			
SURNAME	Cabase			
FIRST NAME	Melinda			
MIDDLE NAME	Quinones		(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	Don Carlo Cavinna School	Elementary	2004	2007		2007	N/A
SECONDARY	Elizabeth Seton School	High School	2007	2011		2011	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	De La Salle University Dasmarias	Bachelor of Science in Mechanical Engineering	2011	2016		2016	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/15/2024
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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			
	Basic Occupational Safety and Health	03/05/2023	03/13/2023	40	Technical	Ovaldesk Inc.
	Orientation-Seminar on Outcomes-Based Education (OBE) Course Syllabus	09/01/2022	09/02/2022	8	Instruction	DR. JANNET M. BENCURE, DEAN, COLLEGE OF ENGINEERING AND TECHNOLOGY, VSU
	ISO 9001:2015 QMS Documentation Training and Manual Preparation	08/30/2022	08/31/2022	4	Instruction	Dr. Edgardo E. Tulin President VSU
	Webiserye on Machine Shop Operations: Grinding Operations	06/06/2022	06/06/2022	3	Technical	Metals Industry Research and Development Center - DOST
	Webiserye on Machine Shop Operations: Milling Operations	05/31/2022	05/31/2022	3	Technical	Metals Industry Research and Development Center - DOST
	Principles of Occupational Safety	05/26/2022	05/26/2022	3	Technical	Metals Industry Research and Development Center - DOST
	CET STRATEGIC PLANNING AND RDE AGENDA SETTING WORKSHOP 2022	03/16/2022	03/17/2022	16	Instruction	DR. JANNET M. BENCURE, DEAN, COLLEGE OF ENGINEERING AND TECHNOLOGY, VSU
	Fire Detection Alarm System Training	06/20/2020	06/20/2020	1	Technical	Econlite Philippines Corporation
	Construction Occupational Safety and Health	10/20/2018	10/28/2018	40	Technical	Construction Safety Trainor & Consultant

(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	01/15/2024
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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 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: Resigned, and EOC												
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>Armin Barrion</td><td>Manila</td><td>09171783183</td></tr><tr><td>Irish Mae Ibarrientos</td><td>Manila</td><td>0917805 5414</td></tr><tr><td>Marika Liberty Joy B. Mallari</td><td>Manila</td><td>09178709310</td></tr></table>			NAME	ADDRESS	TEL. NO.	Armin Barrion	Manila	09171783183	Irish Mae Ibarrientos	Manila	0917805 5414	Marika Liberty Joy B. Mallari	Manila	09178709310
NAME	ADDRESS	TEL. NO.												
Armin Barrion	Manila	09171783183												
Irish Mae Ibarrientos	Manila	0917805 5414												
Marika Liberty Joy B. Mallari	Manila	09178709310												
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: N/A ID/License/Passport No.: N/A Date/Place of Issuance: N/A	Signature (Sign inside the box) 01/15/2024 Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath														