

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	Vega		
FIRST NAME	Maria Lilia	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Pabon		
3. DATE OF BIRTH (mm/dd/yyyy)	04/25/1967	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Baybay 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	Purok 3 Street Santa Cruz Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.60	ZIP CODE	6521
8. WEIGHT (kg)	60.00		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	House/Block/Lot No. Street Santa Cruz Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	20011373393	ZIP CODE	6521
11. PAG-IBIG ID NO.	121276808072		
12. PHILHEALTH NO.	190000655560	19. TELEPHONE NO.	N/A
13. SSS NO.	0630382240	20. MOBILE NO.	936-841-5245
14. TIN NO.	21804983500	21. E-MAIL ADDRESS (if any)	ma.lilia.vega@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	V02043		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Vega		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Samuel	NAME EXTENSION (JR., SR)	Junken P. Vega	08/06/1989
MIDDLE NAME	Cabel		Janine P. Vega	05/24/1991
OCCUPATION	N/A		Jerome P. Vega	12/02/1993
EMPLOYER/BUSINESS NAME	N/A		Jemuel P. Vega	05/04/1996
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	None			
24. FATHER'S SURNAME	Pabon			
FIRST NAME	Marcial	NAME EXTENSION (JR., SR) Sr.		
MIDDLE NAME	Tambiling			
25. MOTHER'S MAIDEN NAME	Rosa Hipolito Castil			
SURNAME	Pabon			
FIRST NAME	Rosa			
MIDDLE NAME	Castil		(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	Bunga Elementary School	Elementary	1974	1979	Valedictorian	1979	N/A
SECONDARY	Bunga National High Shool	High School	1979	1983	Valedictorian	1983	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Bunga National High Shool	Bachelor of Science in Development Communication (Major in Community Broadcasting)	1983	1988	Graduated	1988	N/A
GRADUATE STUDIES	Visayas State University	Master of Management	2013	2019	Graduated	2019	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/12/2024
-----------	--	------	------------

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			
	6th Management Review on QMS ISO 9001-2015	01/22/2024	01/24/2024	24	Instruction	Quality Assurance Center, VSU
	Workshop on Program Accreditation	01/12/2024	01/12/2024	8	Instruction	Quality Assurance Center
	5S Revolution for Clerks & Heads	11/29/2023	11/29/2023	4	Supervisory	HRMO Visayas State University
	Working Towards Personality Development	08/22/2023	08/25/2023	32	Technical	Personnel Officer Administrative Program
	ISO 9001:2015 Awareness/Re-awareness Virtual Seminar	02/15/2023	02/15/2023	4	Instruction	Dr. Edgardo E. Tulin President VSU
	Training Workshop on Financial Analysis and Investment Appraisal of Technology	12/27/2022	12/29/2022	24	Managerial	VISERDAC, Visayas State University
	Good-Gobyerno Celebrating Good Governance Champion	09/23/2022	09/23/2022	8	Supervisory	Australian Alumni
	ISO AWARENESS AND RE-AWARENESS SEMINAR	08/30/2022	08/30/2022	8	Technical	VISAYAS STATE UNIVERSITY
	Internal Quality Audit Training	08/17/2022	08/19/2022	24	Technical	AGF Consulting Group
	Hands-Only Cardiopulmonary Resuscitation	07/12/2022	07/12/2022	4	Instruction	DEPARTMENT OF HEALTH - NATIONAL
	Typhoon Awareness and Calamity Readiness	06/29/2022	06/29/2022	4	Instruction	Visayas State University
	Seminar on Social Security Act of 1997 RA 8282	05/12/2022	05/12/2022	4	Instruction	Visayas State University
	Seminar on Data Privacy	04/07/2022	04/07/2022	4	Technical	Visayas State Uiversity
	Quality Customer Relations/ Customer Service Excellence	10/19/2021	10/19/2021	8	Instruction	TUV Rheinland Philippines, Inc
	ISO 9001-2015 AWARENESS SEMINAR	09/13/2021	09/13/2021	4	Instruction	VISAYAS STATE UNIVERSITY
	Corrective Action Reporting Training	07/29/2021	07/29/2021	8	Instruction	Visayas State University
	Integrated Management System Awareness	07/16/2021	07/16/2021	1	Supervisory	AGF

PLEASE SEE ATTACHMENT A

(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		Adviser Sigma Alpha Epsilon Fraternity Sorority
					Australian Alumni member

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/12/2024
-----------	--	------	------------

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: _____End of term												
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 _____Separated												
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>JOSE L. BACUSMO</td><td>STA. CRUZ, BAYBAY CITY, LEYTE</td><td>09192136283</td></tr><tr><td>CHRISTINA A. GABRILLO</td><td>Southern Leyte</td><td>09470069304</td></tr><tr><td>ANABELLA B. TULIN</td><td>VISCA, BAYBAY CITY, LEYTE</td><td></td></tr></table>			NAME	ADDRESS	TEL. NO.	JOSE L. BACUSMO	STA. CRUZ, BAYBAY CITY, LEYTE	09192136283	CHRISTINA A. GABRILLO	Southern Leyte	09470069304	ANABELLA B. TULIN	VISCA, BAYBAY CITY, LEYTE	
NAME	ADDRESS	TEL. NO.												
JOSE L. BACUSMO	STA. CRUZ, BAYBAY CITY, LEYTE	09192136283												
CHRISTINA A. GABRILLO	Southern Leyte	09470069304												
ANABELLA B. TULIN	VISCA, BAYBAY CITY, LEYTE													
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: PHILHEALTH ID/License/Passport No.: 190000655560 Date/Place of Issuance: 11/30/-0001 / Baybay City	Signature (Sign inside the box) 03/12/2024 Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath														