

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	SAUSA		
FIRST NAME	GREGORIO	NAME EXTENSION (JR., SR) Jr.	
MIDDLE NAME	BALLESTEROS		
3. DATE OF BIRTH (mm/dd/yyyy)	10/25/1975	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	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	
7. HEIGHT (m)	1.68	ZIP CODE	House/Block/Lot No. Street Kambonggan
8. WEIGHT (kg)	70.00		Subdivision/Village Barangay BAYBAY LEYTE
9. BLOOD TYPE	O		City/Municipality Province 6521
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	106000864599		
12. PHILHEALTH NO.	130500814404	18. PERMANENT ADDRESS	
13. SSS NO.	0618044416	ZIP CODE	House/Block/Lot No. Street Kambonggan
14. TIN NO.	257550902000		Subdivision/Village Barangay BAYBAY LEYTE
15. AGENCY EMPLOYEE NO.	V02050		City/Municipality Province 6521
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	907-063-7815
		21. E-MAIL ADDRESS (if any)	gregorio.sausa@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ORTEGA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JONA	NAME EXTENSION (JR., SR)	RUTH O. SAUSA	10/23/1996
MIDDLE NAME	DANCIL		RUBY ANN O. SAUSA	06/26/2001
OCCUPATION	HOUSEWIFE		RIONAH O. SAUSA	11/24/2007
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS				
TELEPHONE NO.	09070637815			
24. FATHER'S SURNAME	SAUSA			
FIRST NAME	GREGORIO	NAME EXTENSION (JR., SR) Sr.		
MIDDLE NAME	GASTA			
25. MOTHER'S MAIDEN NAME	ANA CATORCE BALESTEROS			
SURNAME	SAUSA			
FIRST NAME	ANA			
MIDDLE NAME	BALESTEROS		(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	Higulo-an Elementary School	Elementary	1981	1987	GRADUATE	1987	N/A
SECONDARY	Makinhas Community School	High School	1987	1991	GRADUATE	1991	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/25/2023
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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			
	Security refresher training course	08/17/2022	08/24/2022	64	Technical	JVO DYNAMIC SECURITY TRAINING ACADEMY
	Comprehensive Bank and Armored Security Training Course	11/16/2021	11/21/2021	48	Technical	Commander Security Training Center Inc.
	Security refresher training course	07/11/2019	07/24/2019	64	Technical	JVO DYNAMIC SECURITY TRAINING ACADEMY
(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)	
	Playing Guitar		N/A		N/A	
	Singing					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	03/25/2023	

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>EDUARD MARQUE GUINOCOR</td><td>KAMBONGGAN BAYBAY CITY</td><td>09190050543</td></tr><tr><td>DENNIS MASCARINAS</td><td>TACLOBAN CITY</td><td>09988647883</td></tr><tr><td>NORMA O. VILLAS</td><td>VSU VISCA BAYBAY CITY</td><td>09518313513</td></tr></table>			NAME	ADDRESS	TEL. NO.	EDUARD MARQUE GUINOCOR	KAMBONGGAN BAYBAY CITY	09190050543	DENNIS MASCARINAS	TACLOBAN CITY	09988647883	NORMA O. VILLAS	VSU VISCA BAYBAY CITY	09518313513	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
NAME	ADDRESS	TEL. NO.													
EDUARD MARQUE GUINOCOR	KAMBONGGAN BAYBAY CITY	09190050543													
DENNIS MASCARINAS	TACLOBAN CITY	09988647883													
NORMA O. VILLAS	VSU VISCA BAYBAY CITY	09518313513													
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.															
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.: 000618044416 Date/Place of Issuance: 05/11/2012 / Tacloban City	Signature (Sign inside the box) 03/25/2023 Date Accomplished														
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath															