

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	Pajares		
FIRST NAME	Glenn	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Gubalane		
3. DATE OF BIRTH (mm/dd/yyyy)	07/30/1979	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Ormoc 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	# 12 Betty street House/Block/Lot No. Street Bliss Project Bagong Buhay Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province 6541
7. HEIGHT (m)	1.70	18. PERMANENT ADDRESS	# 12 Betty street House/Block/Lot No. Street Bliss Project Bagong Buhay Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province 6541
8. WEIGHT (kg)	86.00		
9. BLOOD TYPE	A+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	920-925-1159
15. AGENCY EMPLOYEE NO.	V02055	21. E-MAIL ADDRESS (if any)	glenn.pajares@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Pajares		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Riza	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	Yap			
OCCUPATION	Medical Technologist			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	09176221159			
24. FATHER'S SURNAME	Pajares			
FIRST NAME	Edgardo	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Villa			
25. MOTHER'S MAIDEN NAME	Gubalane			
SURNAME	Pajares			
FIRST NAME	Flordeliza			
MIDDLE NAME	Gubalane		(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	St. Paul's School, Ormoc City, Leyte	Elementary	1982	1992		1992	N/A
SECONDARY	Sacred Heart Seminary, Palo, Leyte	High School	1992	1996		1996	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Sacred Heart Seminary, Palo, Leyte	Bachelor of Arts in Philosophy	1996	2000		2000	N/A
GRADUATE STUDIES	University of San Carlos, Cebu City	Master of Arts in Philosophy	2000	2022		2022	N/A

PLEASE SEE ATTACHMENT A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/21/2023
-----------	--	------	------------

Attachment A

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			
GRADUATE STUDIES		University of San Carlos, Cebu City, Philippines	Doctor Philosophy in Philosophy	2002	2006		2006	
		Cebu Normal University	Doctor of Arts in Literature and Communication	2012	2017		2017	
(Continue on separate sheet if necessary)								
SIGNATURE				DATE		03/21/2023		

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		
	Bantay Kita Quezon City	12/28/2018	PRESENT	1	Visayas CSO representative
	Philippine Extractive Industries Transparency Initiative(PH-EITI) Department of Finance, Manila	06/08/2018		1	CSO -MSG Representative
	Sectoral Transparency Alliance on Natural Resource Governance in Cebu Inc (STANCE) Sibonga, Cebu	06/08/2018		1	Chair

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/21/2023
------------------	--	-------------	------------

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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.												
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) 03/21/2023 Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath														