

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	Dorego			
FIRST NAME	Erwin	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	Villegas			
3. DATE OF BIRTH (mm/dd/yyyy)	04/18/1972	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	Tanauan, Leyte	If holder of dual citizenship, please indicate the details.	Philippines	
5. SEX AT BIRTH	☒ Male ☐ Female			
6. CIVIL STATUS	☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	cottage 4, vsu tolosa House/Block/Lot No. Street Tanghas Subdivision/Village Barangay TOLOSA LEYTE City/Municipality Province	
7. HEIGHT (m)	1.65	ZIP CODE	6503	
8. WEIGHT (kg)	90.00			
9. BLOOD TYPE	B+		18. PERMANENT ADDRESS	House/Block/Lot No. Street
10. UMID ID NO.			Subdivision/Village Barangay	
11. PAG-IBIG ID NO.	N/A	ZIP CODE	City/Municipality Province	
12. PHILHEALTH NO.	N/A			
13. PhilSys NO. (PSN)		19. TELEPHONE NO.	N/A	
14. TIN NO.	N/A	20. MOBILE NO.	095-643-3083	
15. AGENCY EMPLOYEE NO.	V02573	21. E-MAIL ADDRESS (if any)	erwin.dorego@vsu.edu.ph	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	N/A			
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	N/A			
25. MOTHER'S MAIDEN NAME	N/A			
SURNAME	N/A			
FIRST NAME	N/A			
MIDDLE NAME	N/A		(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	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/14/2025
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IV. CIVIL SERVICE ELIGIBILITY					
27.	CES/CSEE/CAREER SERVICE/RA 1080 (BOARD/ BAR)/UNDER SPECIAL LAWS/CATEGORY III/ IV ELIGIBILITY and ELIGIBILITIES FOR UNIFORMED PERSONNEL	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)
					NUMBERValid Until
	N/A	N/A	N/A	N/A	N/A

(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.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To				
01/01/2025	PRESENT	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2024	12/31/2024	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2023	12/31/2023	Nurse II	Visayas State University - Tolosa	Permanent	N
12/01/2022	12/31/2022	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2022	11/30/2022	Nurse II	Visayas State University - Tolosa	Permanent	Y
06/01/2021	12/31/2021	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2021	05/31/2021	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2020	12/31/2020	Nurse II	Visayas State University - Tolosa	Permanent	Y
12/01/2019	12/30/2019	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2019	11/30/2019	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2018	12/31/2018	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2017	12/31/2017	Nurse II	Visayas State University - Tolosa	Permanent	Y
12/01/2016	12/31/2016	Nurse II	Visayas State University - Tolosa	Permanent	Y
01/01/2016	11/30/2016	Nurse II	Visayas State University - Tolosa	Permanent	Y
12/01/2013	12/31/2015	Nurse II	Visayas State University - Tolosa	Permanent	Y
06/01/2012	11/30/2013	Nurse II	Visayas State University - Tolosa	Permanent	Y
06/01/2011	05/31/2012	Nurse II	Visayas State University - Tolosa	Permanent	Y
12/01/2010	05/31/2011	Nurse II	Visayas State University - Tolosa	Permanent	Y

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/14/2025
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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)

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/14/2025
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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:												
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>OFFICE / RESIDENTIAL ADDRESS</th><th>CONTACT NO. AND/OR EMAIL</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>			NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL									
NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL												
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.		Passport-sized unfiltered digital picture taken within the last 6 months 4.5 cm. X 3.5 cm 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) 10/14/2025 Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath														