

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	Cabras			
FIRST NAME	Marco	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	Lopez			
3. DATE OF BIRTH (mm/dd/yyyy)	03/20/1985	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:	
4. PLACE OF BIRTH		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)	1.57	ZIP CODE	House/Block/Lot No. Street Guadalupe (Utod)	
8. WEIGHT (kg)	67.00		Subdivision/Village Barangay BAYBAY LEYTE	
9. BLOOD TYPE	B+		City/Municipality Province 6521	
10. GSIS ID NO.	N/A		18. PERMANENT ADDRESS	
11. PAG-IBIG ID NO.	N/A		ZIP CODE	House/Block/Lot No. Street
12. PHILHEALTH NO.	N/A	Subdivision/Village Barangay		
13. SSS NO.	N/A	City/Municipality Province		
14. TIN NO.	N/A			
15. AGENCY EMPLOYEE NO.	VJO00188	19. TELEPHONE NO.	(1	
		20. MOBILE NO.	920-754-6725	
		21. E-MAIL ADDRESS (if any)	marco.cabras@vsu.edu.ph	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Cabras		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Jennylyn	NAME EXTENSION (JR., SR)	Scarlette Anne R. Cabras	09/05/2016
MIDDLE NAME	Ramos		Ziggy R. Cabras	11/08/2022
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	Cabras			
FIRST NAME	Jesus	NAME EXTENSION (JR., SR) Sr.		
MIDDLE NAME	Laurino			
25. MOTHER'S MAIDEN NAME	Gloria Fernandez Lopez			
SURNAME	Cabras			
FIRST NAME	Gloria			
MIDDLE NAME	Lopez		(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	Visayas State University	Bachelor of Science in Agricultural Development Education (Major in Extension)	2002	2007		2007	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/28/2023
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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			
	Bureau of Fire Protection (Oplan Balik Aral) Baybay City	10/01/2008	12/20/2008	255	Fire Volunteer	
(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			
	Attended the ISO 9001:2015 Awareness/Re-awareness Seminar	08/30/2022	08/31/2022	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	HANDS ONLY CARDIOPULMONARY RESUSCITATION	07/21/2022	07/21/2022	8	Technical	(DOH) Department of Health
	Re-Orientation of Employees' Duties and Responsibilities and Good Customer Service	09/23/2021	09/23/2021	4	Technical	ODHRM, VSU Main
	Attended the ISO 9001:2015 Awareness/Re-awareness Webinar	11/27/2020	11/27/2020	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Orientation Workshop Among JO Clerks & Laboratory Technicians	01/15/2019	01/15/2019	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	TESDA NC2- Consumer Electronics Servicing	07/13/2015	10/01/2015	216	Technical	National TVET-TESDA Leyte
	TESDA NC2 (Food and Beverage)	10/01/2009	12/18/2009	160	Technical	National TVET-TESDA Leyte
(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	07/28/2023	

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> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></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.) <i>PLEASE INDICATE ID Number and Date of Issuance</i> Government Issued ID: N/A ID/License/Passport No.: N/A Date/Place of Issuance: N/A	Signature (Sign inside the box) 07/28/2023 Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath														