

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	Pausanos			
FIRST NAME	Emelita	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	Sagaral			
3. DATE OF BIRTH (mm/dd/yyyy)	10/23/1981	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	Loay, Bohol	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)	1.56	ZIP CODE	House/Block/Lot No. Street VISCA Pangasungan Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province	
8. WEIGHT (kg)	56.00		6521	
9. BLOOD TYPE	A+		18. PERMANENT ADDRESS	1113 Andres Abellan Street House/Block/Lot No. Street Veloaso Comp Guadalupe Subdivision/Village Barangay CEBU CITY (Capital) CEBU City/Municipality Province
10. GSIS ID NO.	N/A		ZIP CODE	6000
11. PAG-IBIG ID NO.	N/A			
12. PHILHEALTH NO.	N/A	19. TELEPHONE NO.	N/A	
13. SSS NO.	3377808190	20. MOBILE NO.	099-741-2330	
14. TIN NO.	N/A	21. E-MAIL ADDRESS (if any)	emelita.pausanos@vsu.edu.ph	
15. AGENCY EMPLOYEE NO.	VJO01245			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Pausanos		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Mike	NAME EXTENSION (JR., SR)	Mikaela Vergell S. Pausanos	03/22/2006
MIDDLE NAME	Behasa		Mikael Vianey S. Pausanos	05/17/2014
OCCUPATION	Driver			
EMPLOYER/BUSINESS NAME	Visayas State University			
BUSINESS ADDRESS	Visca, Baybay City, Leyte			
TELEPHONE NO.	09351857759			
24. FATHER'S SURNAME	Sagaral			
FIRST NAME	Francisco	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Avelino			
25. MOTHER'S MAIDEN NAME	Shirley Ilogon Apit			
SURNAME	Sagaral			
FIRST NAME	Shirley			
MIDDLE NAME	Apit		(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	Loay Central Elem. School	Elementary	1988	1994		1994	N/A
SECONDARY	HOLY TRINITY ACADEMY	High School	1994	1998		1998	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Holy Name University	Bachelor of Science in Commerce (Major in Management)	1998	2002		2002	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/21/2023
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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			
	Orientation/Re-Orientation of Duties and Responsibilities of dDRCs and AdDRCs	09/07/2022	09/07/2022	4	Instruction	PAMELA P. ORAÑO - University Document and Records Controller ALELI A. VILLOCINO - Quality Management Representative
	HANDS ONLY CARDIOPULMONARY RESUSCITATION	07/21/2022	07/22/2022	4	Technical	Department of Health- Eastern Visayas Center for Health Development
	TYPHOON AWARENESS & CALAMITY READINESS	06/09/2022	06/09/2022	4	Technical	Department of Meteorology
	Virtual Data Privacy Act of 2012 Awareness Seminar	04/07/2022	04/07/2022	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	WEBINAR ON MENOPAUSE AND OTHER COMMON GYNECOLOGIC PROBLEMS	03/31/2022	03/31/2022	8	Technical	GENDER RESOURCE CENTER
	WOMEN INSPIRING WOMEN	03/07/2022	03/07/2022	8	Technical	GENDER RESOURCE CENTER
	ISO 9001:2015 Awareness/Re-awareness Webinar	11/27/2020	11/27/2020	8	Technical	Quality Assurance Center, Visayas State University

(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	03/21/2023
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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: Resigned from private company												
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>Ariel Angus</td><td>Cebu Clty</td><td></td></tr><tr><td>Noelyn Q. Taghoy</td><td>Mandaue City</td><td></td></tr><tr><td></td><td></td><td></td></tr></table>			NAME	ADDRESS	TEL. NO.	Ariel Angus	Cebu Clty		Noelyn Q. Taghoy	Mandaue City				
NAME	ADDRESS	TEL. NO.												
Ariel Angus	Cebu Clty													
Noelyn Q. Taghoy	Mandaue City													
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												
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	Right Thumbmark												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath														