

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	Didal		
FIRST NAME	Poca Joe	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	N/A		
3. DATE OF BIRTH (mm/dd/yyyy)	11/25/2021	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH		If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Philippines
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.00	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	1.00		Subdivision/Village Barangay
9. BLOOD TYPE	N/A		City/Municipality Province
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	18. PERMANENT ADDRESS	
13. SSS NO.	N/A	ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	N/A		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	VJO01272		City/Municipality Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	915-068-9270
		21. E-MAIL ADDRESS (if any)	joe.didal@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
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	Didal			
FIRST NAME	Manuel	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Calipara			
25. MOTHER'S MAIDEN NAME	Duarte			
SURNAME	Didal			
FIRST NAME	Maura			
MIDDLE NAME	Asis		(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	Baybay North Central School	Elementary	1996	2002		2002	N/A
SECONDARY	Baybay National High School	High School	2002	2006		2006	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Bachelor of Science in Economics	2006	2010		2010	N/A
GRADUATE STUDIES	Cebu Normal University	Master in Public Administration	2014		30 Units		N/A

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	03/22/2023

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		
	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			
	ISO 9001:2015 ISO Awareness and Reawareness Webinar	02/15/2023	02/15/2023	4	Technical	Office of the Director for Quality Assurance, Visayas State University
	TRAINING-WORKSHOP ON ROOT CAUSE ANALYSIS	11/17/2022	11/17/2022	8	Technical	Office of the Director for Quality Assurance, Visayas State University
	Corrective Action Reporting Training	07/29/2021	07/29/2021	8	Technical	Office of the Director for Quality Assurance, Visayas State University
	INTEGRATED MANAGEMENT SYSTEM AWARENESS	07/16/2021	07/16/2021	1	Technical	Office of the Director for Quality Assurance, Visayas State University
	TYPHOON AWARENESS & CALAMITY READINESS	06/29/2021	06/29/2021	4	Technical	College of Engineering and Technology, Visayas State University
	BASIC JAPANESE LANGAUGE COURSE	08/12/2013	10/26/2023	100	Technical	ICOMM INTERNATIONAL

(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)
	Basic Life Support		RESOURCE SPEAKER DURING THE VSU FACULTY ONBOARDING A.Y. 2022-23		N/A
	Volleyball				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/22/2023
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<div>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)?</div>			<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div>													
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>			<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div> <div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div>													
<div>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</div>			<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>													
<div>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?</div>			<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>													
<div>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?</div>			<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div></div>													
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>			<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></div>													
<div>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?</div>			<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div></div></div>													
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>EDITHA G. CAGASAN</td><td>VSU: CITY OF BAYBAY</td><td>9155913358</td></tr><tr><td>KIRBY JUNTONG</td><td>CEBU CITY</td><td>9499915891</td></tr><tr><td>GIDEON D. TAN</td><td>VSU: CITY OF BAYBAY</td><td>9190882588</td></tr></table>					NAME	ADDRESS	TEL. NO.	EDITHA G. CAGASAN	VSU: CITY OF BAYBAY	9155913358	KIRBY JUNTONG	CEBU CITY	9499915891	GIDEON D. TAN	VSU: CITY OF BAYBAY	9190882588
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<div>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.</div>			<div><div><div>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</div><div>PHOTO</div></div><div><div></div><div>Right Thumbmark</div></div></div>													
<div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div><div>Government Issued ID: N/A</div><div>ID/License/Passport No.: N/A</div><div>Date/Place of Issuance: N/A</div></div>		<div><div></div><div>Signature (Sign inside the box) 03/22/2023 Date Accomplished</div></div>														
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div></div><div>Person Administering Oath</div></div>																