

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	Esco		
FIRST NAME	Ashierah Rhyce	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Bitang		
3. DATE OF BIRTH (mm/dd/yyyy)	08/29/1994	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Cebu City	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	N/A Purok 2 House/Block/Lot No. Street N/A Gabas Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.50	ZIP CODE	6521
8. WEIGHT (kg)	60.00		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	N/A Purok 2 House/Block/Lot No. Street N/A Gabas Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	19. TELEPHONE NO.	(053) 560-0210
13. SSS NO.	N/A	20. MOBILE NO.	955-658-484
14. TIN NO.	N/A	21. E-MAIL ADDRESS (if any)	ashierah.esco@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	VJO02115		

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	ESCO			
FIRST NAME	CRISPOLO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	KALATRABA			
25. MOTHER'S MAIDEN NAME	BITANG			
SURNAME	ESCO			
FIRST NAME	CHERRY			
MIDDLE NAME	BITANG		(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	Gabas Central Elementary School	Elementary	2001	2006		2006	N/A
SECONDARY	Alternative Learning System (Pawing, Palo Leyte)	High School	2010	2011		2011	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	08/02/2023
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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		
	Philippine Red Cross Ormoc City Leyte	07/09/2021	07/09/2021	1	Donor
	Philippine Red Cross Ormoc City Leyte	08/09/2016	08/09/2016	1	Donor

(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			
	Gender Sensitivity Orientation for VSU Faculty and Staff	07/11/2023	07/11/2023	4	Managerial	Gender Resource Center
	ISO 9001-2015 AWARENESS SEMINAR	02/15/2023	02/15/2023	4	Technical	ODQA, Visayas State University
	Participating in Workplace Communication	08/26/2021	08/28/2021	8	Managerial	National TVET-TESDA Leyte
	Work Ethics of a Productive Worker	10/07/2020	10/07/2020	4	Technical	National Wages and Productivity Commission

(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	08/02/2023
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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: _____													
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>HONEY SOFIA V. COLIS</td><td>VISAYAS STATE UNIVERSITY</td><td>0535637323</td></tr><tr><td>MIRIAM M. DE LA TORRE</td><td>VISAYAS STATE UNIVERSITY</td><td>09327733751</td></tr><tr><td>JOEL Q. MABALHIN</td><td>Visayas State University</td><td>09977428753</td></tr></table>					NAME	ADDRESS	TEL. NO.	HONEY SOFIA V. COLIS	VISAYAS STATE UNIVERSITY	0535637323	MIRIAM M. DE LA TORRE	VISAYAS STATE UNIVERSITY	09327733751	JOEL Q. MABALHIN	Visayas State University	09977428753
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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) 08/02/2023 Date Accomplished														
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath																