

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	Daclag				
FIRST NAME	Faustino Sam			NAME EXTENSION (JR., SR) III	
MIDDLE NAME	Anguring				
3. DATE OF BIRTH (mm/dd/yyyy)	04/30/1997	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:		
4. PLACE OF BIRTH	Baybay City 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			
7. HEIGHT (m)	1.70	ZIP CODE	House/Block/Lot No. Street		
8. WEIGHT (kg)	80.00		Subdivision/Village Ga-as		
9. BLOOD TYPE	O		BAYBAY LEYTE		
10. UMID ID NO.			City/Municipality Province		
11. PAG-IBIG ID NO.	121248162578		6521		
12. PHILHEALTH NO.	132503666646	18. PERMANENT ADDRESS			
13. PhilSys NO. (PSN)		ZIP CODE	House/Block/Lot No. Street		
14. TIN NO.	358232768		Subdivision/Village Barangay		
15. AGENCY EMPLOYEE NO.	VJO02117		City/Municipality Province		
19. TELEPHONE NO.			N/A		
20. MOBILE NO.			951-851-2409		
21. E-MAIL ADDRESS (if any)		faustinosam.daclag@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	DACLAG			
FIRST NAME	FERDINAND	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GRANADA			
25. MOTHER'S MAIDEN NAME	SUSANA O. ANGORING			
SURNAME	DACLAG			
FIRST NAME	SUSANA			
MIDDLE NAME	ANGORING		(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- MAIN CAMPUS	Bachelor of Science in Agribusiness	2016	2019		2019	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/23/2025
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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

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/23/2025
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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>LUVILLA G. ALCOBER</td><td>GABAS BAYBAY CITY LEYTE</td><td>0918-382-5264</td></tr><tr><td>RHEA P. BALLEBAS</td><td>PATAG BAYBAY CITY LEYTE</td><td>0963-052-2580</td></tr><tr><td>HONEY SOFIA V. COLIS</td><td>GUADALUPE BAYBAY CITY LEYTE</td><td>0917-634-1490</td></tr></table>			NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL	LUVILLA G. ALCOBER	GABAS BAYBAY CITY LEYTE	0918-382-5264	RHEA P. BALLEBAS	PATAG BAYBAY CITY LEYTE	0963-052-2580	HONEY SOFIA V. COLIS	GUADALUPE BAYBAY CITY LEYTE	0917-634-1490
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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.		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) 10/23/2025 Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath														