

## 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	LIM		
FIRST NAME	JOSELITO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	DIONISIO		
3. DATE OF BIRTH (mm/dd/yyyy)	05/05/1968	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	MALABON CITY	If holder of dual citizenship, please indicate the details:	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	BLOCK 7 LOT 5 ST.MARGARET House/Block/Lot No. Street DECA HOMES LOMA DE GATO Subdivision/Village Barangay MARILAO BULACAN City/Municipality Province
7. HEIGHT (m)	1.67M	ZIP CODE	3019
8. WEIGHT (kg)	75kg		
9. BLOOD TYPE	AB	18. PERMANENT ADDRESS	BLOCK 7 LOT 5 MARGARET House/Block/Lot No. Street DECA HOMES LOMA DE GATO Subdivision/Village Barangay MARILAO BULACAN City/Municipality Province
10. GSIS ID NO.		ZIP CODE	3019
11. PAG-IBIG ID NO.	030234357508		
12. PHILHEALTH NO.	07-050390565-3		
13. SSS NO.	03-8899132-3	19. TELEPHONE NO.	
14. TIN NO.	164-135-993	20. MOBILE NO.	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	joey_lim5@yahoo.com.ph

## II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	LIM		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	KAREN	NAME EXTENSION (JR., SR)	JOSE KARLO RODRIGO B. LIM	01/25/2002
MIDDLE NAME	BRIONES			
OCCUPATION	NONE			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	LIM			
FIRST NAME	ROGELIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DE SILVA			
25. MOTHER'S MAIDEN NAME				
SURNAME	DIONISIO			
FIRST NAME	MEDITA			
MIDDLE NAME	BASCO			

(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	TONSUYA ELEMENTARY SCHOOL		1975	1981			
SECONDARY	ELISA ESGUERRA HIGH SHOOL		1981	1985			
VOCATIONAL / TRADE COURSE							
COLLEGE	UNIVERSITY OF THE EAST	BSA ACCOUNTING	1988	1993			
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	22 December 2020
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[illegible]

## V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	22 December 2010
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

## VII. LEARNING AND DEVELOPMENT (L&amp;D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	22 December 2020
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)		
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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: SSS
ID/License/Passport No.: 03-8899132-3
Date/Place of Issuance:


Signature (Sign inside the box)
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



PERSONAL DATA SHEET

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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	ADELANTE		
FIRST NAME	RHEA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BERNANDINO		
3. DATE OF BIRTH (mm/dd/yyyy)	11/09/1977	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	PENARANDA, NUEVA ECIJA	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	65 CASTILLANO House/Block/Lot No. Street SAN LEONARDO Subdivision/Village Barangay NUEVA ECIJA City/Municipality Province 3102
7. HEIGHT (m)	1.57M	18. PERMANENT ADDRESS	65 CASTILLANO House/Block/Lot No. Street SAN LEONARDO Subdivision/Village Barangay NUEVA ECIJA City/Municipality Province 3102
8. WEIGHT (kg)	85kg	19. TELEPHONE NO.	
9. BLOOD TYPE	A	20. MOBILE NO.	
10. GSIS ID NO.		21. E-MAIL ADDRESS (if any)	rhea_adelante@yahoo.com
11. PAG-IBIG ID NO.	0302-34358102		
12. PHILHEALTH NO.	020500085348		
13. SSS NO.	02-1650019-0		
14. TIN NO.	205-371-723		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ADELANTE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME Have you a	DENNIS	NAME EXTENSION (JR., SR)	YVAN GABRIEL B. ADELANTE	10/18/2005
MIDDLE NAME	TIANGCO			
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	BERNANDINO			05/01/1954
FIRST NAME	FELIPE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LORENZO			
25. MOTHER'S MAIDEN NAME				
SURNAME	GABOY			01/29/1954
FIRST NAME	FLORIDA			
MIDDLE NAME	AVES		(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	LAS PINAS ELEMENTARY SCHOOL		1984	1990		1990	
SECONDARY	PENARANDA NATIONAL HIGH SCHOOL		1990	1995		1995	
VOCATIONAL / TRADE COURSE							
COLLEGE	WESLEYAN UNIVERSITY PHILS.	BSA ACCOUNTING	1995	1998		1998	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	27 December 2020
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[illegible]

**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE	<i>P. J. J. J.</i>	DATE	22 December 2000
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[illegible]

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the program	
2. Description of the program	
3. Date of attendance	
4. Location of the program	
5. Name of the provider	
6. Name of the instructor	
7. Name of the participant	
8. Title of the program	
9. Description of the program	
10. Date of attendance	
11. Location of the program	
12. Name of the provider	
13. Name of the instructor	
14. Name of the participant	
15. Title of the program	
16. Description of the program	
17. Date of attendance	
18. Location of the program	
19. Name of the provider	
20. Name of the instructor	
21. Name of the participant	
22. Title of the program	
23. Description of the program	
24. Date of attendance	
25. Location of the program	
26. Name of the provider	
27. Name of the instructor	
28. Name of the participant	
29. Title of the program	
30. Description of the program	
31. Date of attendance	
32. Location of the program	
33. Name of the provider	
34. Name of the instructor	
35. Name of the participant	
36. Title of the program	
37. Description of the program	
38. Date of attendance	
39. Location of the program	
40. Name of the provider	
41. Name of the instructor	
42. Name of the participant	
43. Title of the program	
44. Description of the program	
45. Date of attendance	
46. Location of the program	
47. Name of the provider	
48. Name of the instructor	
49. Name of the participant	
50. Title of the program	
51. Description of the program	
52. Date of attendance	
53. Location of the program	
54. Name of the provider	
55. Name of the instructor	
56. Name of the participant	
57. Title of the program	
58. Description of the program	
59. Date of attendance	
60. Location of the program	
61. Name of the provider	
62. Name of the instructor	
63. Name of the participant	
64. Title of the program	
65. Description of the program	
66. Date of attendance	
67. Location of the program	
68. Name of the provider	
69. Name of the instructor	
70. Name of the participant	
71. Title of the program	
72. Description of the program	
73. Date of attendance	
74. Location of the program	
75. Name of the provider	
76. Name of the instructor	
77. Name of the participant	
78. Title of the program	
79. Description of the program	
80. Date of attendance	
81. Location of the program	
82. Name of the provider	
83. Name of the instructor	
84. Name of the participant	
85. Title of the program	
86. Description of the program	
87. Date of attendance	
88. Location of the program	
89. Name of the provider	
90. Name of the instructor	
91. Name of the participant	
92. Title of the program	
93. Description of the program	
94. Date of attendance	
95. Location of the program	
96. Name of the provider	
97. Name of the instructor	
98. Name of the participant	
99. Title of the program	
100. Description of the program	
101. Date of attendance	
102. Location of the program	
103. Name of the provider	
104. Name of the instructor	
105. Name of the participant	
106. Title of the program	
107. Description of the program	
108. Date of attendance	
109. Location of the program	
110. Name of the provider	
111. Name of the instructor	
112. Name of the participant	
113. Title of the program	
114. Description of the program	
115. Date of attendance	
116. Location of the program	
117. Name of the provider	
118. Name of the instructor	
119. Name of the participant	
120. Title of the program	
121. Description of the program	
122. Date of attendance	
123. Location of the program	
124. Name of the provider	
125. Name of the instructor	
126. Name of the participant	
127. Title of the program	
128. Description of the program	
129. Date of attendance	
130. Location of the program	
131. Name of the provider	
132. Name of the instructor	
133. Name of the participant	
134. Title of the program	
135. Description of the program	
136. Date of attendance	
137. Location of the program	
138. Name of the provider	
139. Name of the instructor	
140. Name of the participant	
141. Title of the program	
142. Description of the program	
143. Date of attendance	
144. Location of the program	
145. Name of the provider	
146. Name of the instructor	
147. Name of the participant	
148. Title of the program	
149. Description of the program	
150. Date of attendance	
151. Location of the program	
152. Name of the provider	
153. Name of the instructor	
154. Name of the participant	
155. Title of the program	
156. Description of the program	
157. Date of attendance	
158. Location of the program	
159. Name of the provider	
160. Name of the instructor	
161. Name of the	

[illegible]







VIII. OTHER INFORMATION

[illegible]

				(Continue on separate sheet if necessary)			
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22 December 2020



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)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____																
39. Have you acquired the status of an immigrant or permanent resident of another country?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____																
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)																		
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></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.																		
<table><tr><td colspan="2">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>SSS</td></tr><tr><td>ID/License/Passport No.:</td><td>02-1650019-0</td></tr><tr><td>Date/Place of Issuance:</td><td> </td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	SSS	ID/License/Passport No.:	02-1650019-0	Date/Place of Issuance:		<table><tr><td colspan="2"></td></tr><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table>			Signature (Sign inside the box)		Date Accomplished		<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		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:	SSS																	
ID/License/Passport No.:	02-1650019-0																	
Date/Place of Issuance:																		
																		
Signature (Sign inside the box)																		
Date Accomplished																		
																		
Right Thumbmark																		
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.																		
<table><tr><td colspan="2"> </td></tr><tr><td colspan="2">Person Administering Oath</td></tr></table>					Person Administering Oath													
Person Administering Oath																		



# 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	BANIAGA		
FIRST NAME	MARCOS		NAME EXTENSION (JR., SR)
MIDDLE NAME	JULIAN		
3. DATE OF BIRTH (mm/dd/yyyy)	10/7/1978	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	ZARAGOZA, NUEVA ECIJA	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated	
7. HEIGHT (m)	5'7"	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
8. WEIGHT (kg)	75KG	ZIP CODE	
9. BLOOD TYPE		18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village SAN ISIDRO Barangay City/Municipality ZARAGOZA NUEVA ECIJA Province
10. GSIS ID NO.		ZIP CODE	3110
11. PAG-IBIG ID NO.	1410-0005-6467	19. TELEPHONE NO.	042 7249694
12. PHILHEALTH NO.	07-050221432-0	20. MOBILE NO.	09084618806
13. SSS NO.	33-4969876-9	21. E-MAIL ADDRESS (if any)	marcos.baniaga@yahoo.com
14. TIN NO.	236-937-150		
15. AGENCY EMPLOYEE NO.	06-03-013		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BANIAGA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NICCI JOY	NAME EXTENSION (JR., SR)	MARTINA ALTHEA REAGUE R. BANIAGA	1/23/2012
MIDDLE NAME	REYES			
OCCUPATION	SARI SARI STORE OWNER			
EMPLOYER/BUSINESS NAME	NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION, INC.			
BUSINESS ADDRESS	228 GABALDON ST., BRGY. SAN ROQUE, CABANATUAN CITY			
TELEPHONE NO.	044 463 9112			
24. FATHER'S SURNAME	BANIAGA			
FIRST NAME	APOLONIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	VILORIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	BANIAGA			
FIRST NAME	ESTELITA			
MIDDLE NAME	JULIAN			

## 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	SAN ISIDRO ELEM. SCHOOL						
SECONDARY	ZARAGOZA NATIONAL HIGH SCHOOL						
VOCATIONAL / TRADE COURSE							
COLLEGE	ARAUULLO UNIVERSITY						
GRADUATE STUDIES							

SIGNATURE	<i>marcos baniaga</i>	DATE	22 December 2011
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[illegible]

*(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet*

[illegible]







mit anged.

22 December 2001







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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES													
<table border="1"><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>NICCI JOY R. BANIAGA</td><td>SAN ISIDRO, ZARAGOZA, N.E.</td><td>9218882192</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	NICCI JOY R. BANIAGA	SAN ISIDRO, ZARAGOZA, N.E.	9218882192						
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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.													
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
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