

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	19. TELEPHONE NO.	
13. SSS NO.	03-8899132-3	20. MOBILE NO.	
14. TIN NO.	164-135-993	21. E-MAIL ADDRESS (if any)	joey_lim5@yahoo.com.ph
15. AGENCY EMPLOYEE NO.			

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 SHOOOL		1981	1985			
VOCATIONAL / TRADE COURSE							
COLLEGE	UNIVERSITY OF THE EAST	BSA ACCOUNTING	1988	1993			
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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DATE	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(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	
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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>If YES, give details:</div></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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div><div>Date Filed: </div><div>Status of Case/s: </div></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><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.												
<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>PHOTO</div></div><div><div><div>Right Thumbmark</div></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: SSS</div><div>ID/License/Passport No.: 03-8899132-3</div><div>Date/Place of Issuance:</div></div>	<div><div><div>Signature (Sign inside the box)</div></div><div><div></div><div>Date Accomplished</div></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>														

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	ADELANTE		
FIRST NAME	RHEA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BERNARDINO		
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:		
7. HEIGHT (m)	1.57M	17. RESIDENTIAL ADDRESS	65 CASTILLANO House/Block/Lot No. Street Subdivision/Village SAN LEONARDO Barangay City/Municipality NUEVA ECIJA Province ZIP CODE 3102
8. WEIGHT (kg)	85kg	18. PERMANENT ADDRESS	65 CASTILLANO House/Block/Lot No. Street Subdivision/Village SAN LEONARDO Barangay City/Municipality NUEVA ECIJA Province ZIP CODE 3102
9. BLOOD TYPE	A	19. TELEPHONE NO.	
10. GSIS ID NO.		20. MOBILE NO.	
11. PAG-IBIG ID NO.	0302-34358102	21. E-MAIL ADDRESS (if any)	rhea_adelante@yahoo.com
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	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	BERNARDINO			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	
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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		DATE	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Participants	
8. Objectives	
9. Key Takeaways	
10. Action Items	
11. Feedback	
12. Other Comments	

[illegible]




(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>Ballew.</i>	DATE	
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<div>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:</div>	<div> Signature (Sign inside the box) Date Accomplished</div>													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
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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	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 checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	5'7"	ZIP CODE	
8. WEIGHT (kg)	75KG	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay ZARAGOZA NUEVA ECIJA City/Municipality Province
9. BLOOD TYPE		ZIP CODE	3110
10. GSIS ID NO.		19. TELEPHONE NO.	042 7249694
11. PAG-IBIG ID NO.	1410-0005-6467	20. MOBILE NO.	09084618806
12. PHILHEALTH NO.	07-050221432-0	21. E-MAIL ADDRESS (if any)	marcos.baniaga@yahoo.com
13. SSS NO.	33-4969876-9		
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 READGE 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			DATE				

[illegible]

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

[illegible]




VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVILIAN NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible][illegible][illegible]

VIII. OTHER INFORMATION

[illegible]

SIGNATURE	<i>riparraga</i>	DATE	
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<p>34. Are you related by consanguinity or affinity to 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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
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<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
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<p>41. REFERENCES</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;">NAME</th><th style="width: 40%;">ADDRESS</th><th style="width: 20%;">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						
NAME	ADDRESS	TEL. NO.											
NICCI JOY R. BANIAGA	SAN ISIDRO, ZARAGOZA, N.E.	9218882192											
<p>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.</p>													
<div style="border: 1px solid black; padding: 2px;"><p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p><p>PLEASE INDICATE ID Number and Date of Issuance</p><p>Government Issued ID: _____</p><p>ID/License/Passport No.: _____</p><p>Date/Place of Issuance: _____</p></div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> _____ Signature (Sign inside the box) _____ Date Accomplished</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">  Right Thumbmark</div>											
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 50px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													