

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	MANOTOC		
FIRST NAME	RICARDO GABRIEL		NAME EXTENSION (JR., SR) III
MIDDLE NAME	KALAW		
3. DATE OF BIRTH (mm/dd/yyyy)	08/21/1968	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	MANILA	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:		
7. HEIGHT (m)	1.8	17. RESIDENTIAL ADDRESS	606 LE DOMAINE CONDOMINIUM TORDESILLAS ST. House/Block/Lot No. Street SALCEDO VILLAGE Subdivision/Village Barangay MAKATI NCR City/Municipality Province
8. WEIGHT (kg)	84	ZIP CODE	1227
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	606 LE DOMAINE CONDOMINIUM TORDESILLAS ST. House/Block/Lot No. Street SALCEDO VILLAGE Subdivision/Village Barangay MAKATI NCR City/Municipality Province
10. GSIS ID NO.		ZIP CODE	1227
11. PAG-IBIG ID NO.		19. TELEPHONE NO.	02-4030722
12. PHILHEALTH NO.	19-089061736-4	20. MOBILE NO.	09178319919
13. SSS NO.	3330776755	21. E-MAIL ADDRESS (if any)	gary@manotoc.net
14. TIN NO.	153-458-172		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

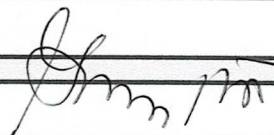
22. SPOUSE'S SURNAME	MANOTOC		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	FRANCESCA LOLITA	NAME EXTENSION (JR., SR)	PATRIZIA GABRIELLE LOPEZ MANOTOC	05/31/1993
MIDDLE NAME	LOPEZ		JUAN JAIME ISIDRO LOPEZ MANOTOC	10/19/1997
OCCUPATION	MANAGER PURCHASING		ESTELA ERA LOPEZ MANOTOC	03/12/1999
EMPLOYER/BUSINESS NAME	INTER-NATIONAL ADHESIVES CORP.			
BUSINESS ADDRESS	22B DON MARIANO LIM, ALABANG ZAPOTE RD.			
TELEPHONE NO.	02-8470652			
24. FATHER'S SURNAME	MANOTOC			
FIRST NAME	RICARDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LA'O			
25. MOTHER'S MAIDEN NAME				
SURNAME	KALAW			
FIRST NAME	MARIA EVA			
MIDDLE NAME	CUENCA			

(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	XAVIER SCHOOL		1976	1982			
SECONDARY	PRIOR PARK COLLEGE		1983	1986			
VOCATIONAL / TRADE COURSE							
COLLEGE	UNIVERSITY ASIA PACIFIC	HUMANITY	1987	1989			
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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[illegible]

(Continue on separate sheet if necessary)

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

Include private employment. Start from your recent work. Description of jobs should be indicated in the attached form. Experience only.				
				SALARY/HR/DAY

[illegible]

(Continue on separate sheet if necessary)

Ann 7/11

\_\_\_\_\_



## 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&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)


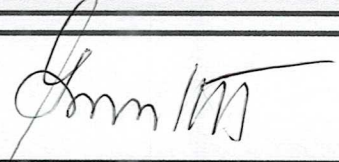
## VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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<p>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,</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>													
<p>35. a. Have you ever been found guilty of any administrative offense?</p>  <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>													
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>													
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>													
<p>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?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>													
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>													
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>													
<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>													
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p>													
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>													
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>													
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>													
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 35%;">NAME</th><th style="width: 35%;">ADDRESS</th><th style="width: 30%;">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.												
<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: <b>PASSPORT</b></p><p>ID/License/Passport No.: <b>P6435944B</b></p><p>Date/Place of Issuance: <b>March 5, 2021/DFA NCR SOUTH</b></p></div>	<div style="border: 1px solid black; padding: 5px;"><div style="text-align: center;"> Signature (Sign inside the box)</div><div style="text-align: center; border-top: 1px solid black; height: 20px;">Date Accomplished</div></div>	<div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div> <p style="text-align: center; margin-top: 5px;">Right Thumbmark</p>												
<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: 60px; margin: 10px auto; text-align: center; line-height: 60px;"><b>Person Administering Oath</b></div>														



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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	DIMAGIBA			
FIRST NAME	FORTUNATO		NAME EXTENSION (JR., SR)	JR
MIDDLE NAME	LACSON			
3. DATE OF BIRTH (mm/dd/yyyy)	09/21/1961	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 RIZAL	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	13 A ZIPPER House/Block/Lot No. Street SAN LORENZO Subdivision/Village Barangay MAKATI NCR City/Municipality Province	
7. HEIGHT (m)	5'8"	ZIP CODE	1223	
8. WEIGHT (kg)	165lbs	18. PERMANENT ADDRESS	13 A ZIPPER House/Block/Lot No. Street SAN LORENZO Subdivision/Village Barangay MAKATI NCR City/Municipality Province	
9. BLOOD TYPE	A+	ZIP CODE	1223	
10. GSIS ID NO.		19. TELEPHONE NO.		
11. PAG-IBIG ID NO.	030241764809	20. MOBILE NO.		
12. PHILHEALTH NO.	01-050451160-5	21. E-MAIL ADDRESS (if any)		
13. SSS NO.	03-8119585-4			
14. TIN NO.	136-167-071			
15. AGENCY EMPLOYEE NO.	05-01-001			

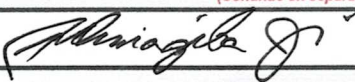
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	DIMAGIBA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARIA ELOISA	NAME EXTENSION (JR., SR)	FRANCIS EMIL FORT V. DIMAGIBA	03/10/1991
MIDDLE NAME	VALLE		EARIEL FORT D. SANTE	11/25/1993
OCCUPATION	CORPORATE SECRETARY		ERIN MARIE FORT V. DIMAGIBA	09/01/1998
EMPLOYER/BUSINESS NAME	NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC.		ELLEANA FORT V. DIMAGIBA	03/02/2001
BUSINESS ADDRESS	228 GABALDON ST. BRGY. SAN ROQUE, CABANATUAN CITY, NUEVA ECIA			
TELEPHONE NO.	(044) 4642063/463-9112			
24. FATHER'S SURNAME	DIMAGIBA			
FIRST NAME	FORTUNATO	NAME EXTENSION (JR., SR) SR		
MIDDLE NAME	CRUZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	LACSON			
FIRST NAME	AURORA			
MIDDLE NAME	JACOB		(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	ST. JAMES ACADEMY					1975	
SECONDARY	ST. JAMES ACADEMY					1979	
VOCATIONAL / TRADE COURSE							
COLLEGE	DE LA SALLE UNIVERSITY	BA MANAGEMENT				1990	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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## IV. CIVIL SERVICE ELIGIBILITY

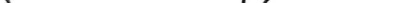
[illegible]

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

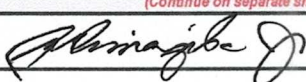
[illegible]

(Continue on separate sheet if necessary)








SIGNATURE		DATE	
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CS FORM 212 (Revised 2017), Page 2 of 4



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			
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
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			
	2015 ASIAN CORPORATE GOVERNANCE SCORECARD(ACGS) WORKSHOP	03/26/2015	03/26/2015			INSTITUTE OF CORPORATE DIRECTORS
	CORPORATE GOVERNANCE AND AMLA SEMINAR	06/21/2016	06/21/2016	5 HOURS		PHIL.CORPORATE ENHANCEMENT AND GOVERNANCE, INC.
	ANTI-MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF) MODULE I:AML/CTF STANDARDS AND BASELINE TRAINING	10/16/2020	10/16/2020	2.5 HOURS		SGV&CO.
	ANTI-MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF) MODULE II: AML/CTF RISK MANAGEMENT FRAMEWORK	11/27/2020	11/27/2020	2.5 HOURS		SGV&CO.
	AML/CTF FUNDAMENTALS WEBINAR FOR COVERED PERSONS	03/22/2022	03/22/2022	3 HOURS		AMLC
	AMLC REPORTING AND REGISTRATION GUIDELINES WEBINAR	03/16/2022	03/16/2022	3 HOURS		AMLC
	Effective ML/TF Risk Assessment in Insurance	04/02/2025	04/02/2025	2 HOURS		FINTELEKT
(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)	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		



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: _____														
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NAME	ADDRESS	TEL. NO.														
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<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>UMID</td></tr><tr><td>ID/License/Passport No.:</td><td>0003-8119585-4</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:	UMID	ID/License/Passport No.:	0003-8119585-4	Date/Place of Issuance:		<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td> </td></tr><tr><td>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:	UMID															
ID/License/Passport No.:	0003-8119585-4															
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> </td></tr><tr><td>Person Administering Oath</td></tr></table>				Person Administering Oath												
Person Administering Oath																



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I. PERSONAL INFORMATION

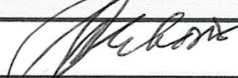
2. SURNAME	LAHOM			
FIRST NAME	TOMAS		NAME EXTENSION (JR., SR)	III
MIDDLE NAME	FAUSTO			
3. DATE OF BIRTH (mm/dd/yyyy)	02/05/1959	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: Philippines	
4. PLACE OF BIRTH	QUEZON 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"/> Other/s:	17. RESIDENTIAL ADDRESS		
7. HEIGHT (m)	176cms	ZIP CODE	House/Block/Lot No. Street	
8. WEIGHT (kg)	98 kg		Lahom Farms Dona Lucia Quezon	
9. BLOOD TYPE			Subdivision/Village Barangay	
10. GSIS ID NO.			City/Municipality Nueva Ecija	
11. PAG-IBIG ID NO.			Province	
12. PHILHEALTH NO.		18. PERMANENT ADDRESS		
13. SSS NO.		ZIP CODE	House/Block/Lot No. Street	
14. TIN NO.	174-979-968		Lahom Farms Brgy. Dona Lucia Quezon	
15. AGENCY EMPLOYEE NO.			Subdivision/Village Barangay	
			City/Municipality Nueva Ecija	
			Province	
		19. TELEPHONE NO.		
		20. MOBILE NO.	0917-5448846	
		21. E-MAIL ADDRESS (if any)	lahom_farms@hotmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Lahom		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Ma. Lourdes	NAME EXTENSION (JR., SR)	Tomas Uzeil Lahom IV	12/14/1998
MIDDLE NAME	Cupcupin			
OCCUPATION	Government Official			
EMPLOYER/BUSINESS NAME	Local Government unit of Quezon N.E			
BUSINESS ADDRESS	Municipal Hall Quezon N.E			
TELEPHONE NO.				
24. FATHER'S SURNAME	Lahom			
FIRST NAME	Bienvenido	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Padilla			
25. MOTHER'S MAIDEN NAME				
SURNAME	Fausto			
FIRST NAME	Lydia			
MIDDLE NAME			(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	San Beda College	Elementary	1996	1972		1972	
SECONDARY	San Beda College	High School	1972	1976		1976	
VOCATIONAL / TRADE COURSE							
COLLEGE	San Beda College	BSC Accounting	1976	1980		1980	
GRADUATE STUDIES	San Beda College	Bachelor of Laws	1981	1985		1985	

SIGNATURE		DATE	
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IV. CIVIL SERVICE ELIGIBILITY					
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)
					NUMBER
	Certified Public Accountant	Passed	1980	Manila	
	Bar Exam	Passed	1986	Manila	


(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)



	DATE	
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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		
	Integrated Bar of te Phils.				Member
	Phils. Institute of Public Accounts				Member
	San Beda Alumni Association				Member
	Philippine practical Shooting Association				Member
	PDP Laban Nueva Ecija				Member
					Legal Team

(Continue on separate sheet if necessary)


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

[illegible]








(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Management/Supervision		
Bill Drafting		
Computer Literate		
Policy Making		
Organization and Implementatio		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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<p>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,</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>																
<p>35. a. Have you ever been found guilty of any administrative offense?</p>    <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>																
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>																
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>																
<p>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?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>																
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>																
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>																
<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>																
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p>																
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>																
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>																
	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>																
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 33%;">NAME</th><th style="width: 33%;">ADDRESS</th><th style="width: 33%;">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><tr><td> </td><td> </td><td> </td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.													 <p>PHOTO</p>
NAME	ADDRESS	TEL. NO.															
<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>																	
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td></tr><tr><td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>UMID</td></tr><tr><td>ID/License/Passport No.:</td><td>006-0104-3404-2</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:	UMID	ID/License/Passport No.:	006-0104-3404-2	Date/Place of Issuance:		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 80px; text-align: center; vertical-align: middle;"></td></tr><tr><td style="text-align: center;">Signature (Sign inside the box)</td></tr><tr><td style="text-align: center;">Date Accomplished</td></tr></table>		Signature (Sign inside the box)	Date Accomplished	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center; height: 80px;"></td></tr><tr><td style="text-align: center;">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:	UMID																
ID/License/Passport No.:	006-0104-3404-2																
Date/Place of Issuance:																	
																	
Signature (Sign inside the box)																	
Date Accomplished																	
																	
Right Thumbmark																	
<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: 60px; margin: 10px auto;"></div> <div style="border: 1px solid black; width: 200px; height: 30px; margin: 10px auto; text-align: center;">Person Administering Oath</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 ( ☐ Ind use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

(Do not fill up For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAME	VILLANUEVA		
FIRST NAME	RAMON	NAME EXTENSION (JR., SR) JR	
MIDDLE NAME	CAPILI		
3. DATE OF BIRTH (mm/dd/yyyy)	11/8/56	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input checked="" type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country.
4. PLACE OF BIRTH	STAMARIA, BULACAN	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"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	15. JOSE ABAD SANTOS House/Block/Lot No. Street AYALA HEIGHTS VILLAGE Subdivision/Village Barangay QUEZON CITY NCR City/Municipality Province
7. HEIGHT (m)	165	ZIP CODE	1019
8. WEIGHT (kg)	68	18. PERMANENT ADDRESS	15. JOSE ABAD SANTOS House/Block/Lot No. Street AYALA HEIGHTS VILLAGE Subdivision/Village Barangay QUEZON CITY NCR City/Municipality Province
9. BLOOD TYPE	O	ZIP CODE	1019
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	8932-3385
11. PAG-IBIG ID NO.	N/A	20. MOBILE NO.	0917-6210678
12. PHILHEALTH NO.		21. E-MAIL ADDRESS (if any)	rcvir1956@me.com
13. SSS NO.	03-4410530-2		
14. TIN NO.	119-908-396		
15. AGENCY EMPLOYEE NO.	N/A		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	IBAVIOSA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	EVELYN	NAME EXTENSION (JR., SR)	MONICA ISABELLE VILLANUEVA	3/8/81
MIDDLE NAME	ESPIRITU		LEON JUSTIN VILLANUEVA	03/17/1985
OCCUPATION	N/A		INGO RAMON VILLANUEVA III	08/28/1988
EMPLOYER/BUSINESS NAME	N/A		BEA LEONESCA VILLANUEVA	7/12/89
BUSINESS ADDRESS	N/A		SERAPHIM RAFAEL VILLANUEVA	8/8/91
TELEPHONE NO.	8932-3385		JOSEF EZEKIEL VILLANUEVA	11/20/1983
24. FATHER'S SURNAME	VILLANUEVA		ATHENA MARIETRIZ VILLANUEVA	08/13/1985
FIRST NAME	RAMON	NAME EXTENSION (JR., SR) SR	VIDA VICTORIA VILLANUEVA	07/24/1987
MIDDLE NAME	JOSE			
25. MOTHER'S MAIDEN NAME				
SURNAME	CAPILI			
FIRST NAME	LEONCIA			
MIDDLE NAME	GERONIMO			

(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	STA.MARIA ELEMENTARY SCHOOL		1962	1968		1968	
SECONDARY	SACRED HEART ACADEMY		1968	1972		1972	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	PHIL COLLEGE OF COMMERCE		1972	1976		1976	
GRADUATE STUDIES	ATENEO GS OF BUSINESS PMP		1983	1983			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4/1/2025
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IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CAREER SUB-PROFESSIONAL		1976	MANILA		
	CPA BOARD		1976	MANILA	32622	

(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	<i>[Signature]</i>	DATE	4/1/2025

Willson

4/1/2025



## 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&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. Topics Covered	
8. Key Takeaways	
9. Application to Work	
10. Feedback	

[illegible]

(Continue on separate sheet if necessary)

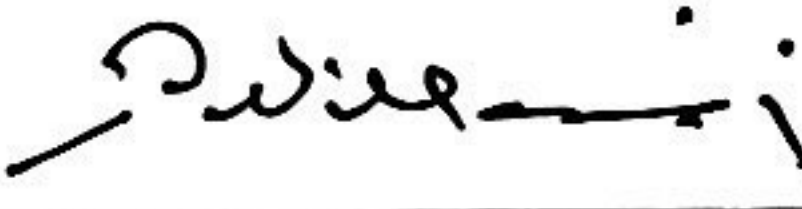
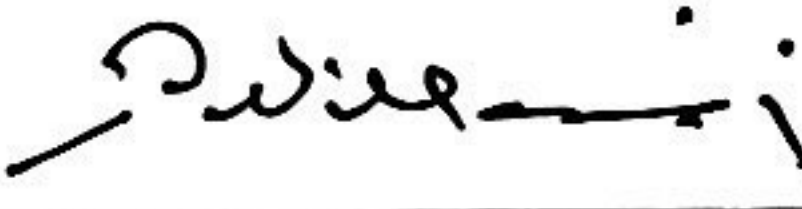
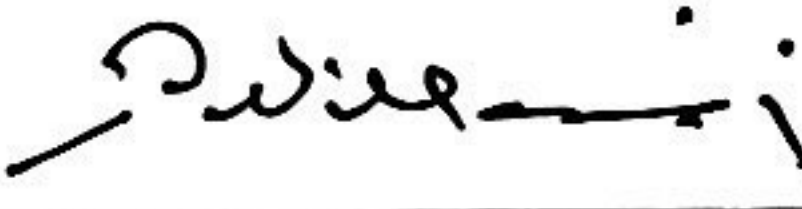
### VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	4/1/2025
-----------	--------------------	------	----------



<p>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,</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>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<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>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">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.											
<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>													
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Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)													
PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID:	PASSPORT												
ID/License/Passport No.	P1439706B												
Date/Place of Issuance	DFA MANILA												
 Signature (Sign inside the box)													
4/1/2025 Date Accomplished													
<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: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													

ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)

Computer generated or photocopied picture is not acceptable

PHOTO

Right Thumbmark



PERSONAL DATA SHEET

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READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.  
Print legibly. Tick appropriate ☐ yes ( ) 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	PINEDA		
FIRST NAME	JOSELITO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CAMAYA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/19/1964	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	CABANATUAN CITY, NUEVA ECIJA	FILIPINO	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
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	PUROK 5 House/Block/Lot No. Street STA. MARIA Subdivision/Village Barangay LICAB NUEVA ECIJA City/Municipality Province 3112
7. HEIGHT (m)	1.79	18. PERMANENT ADDRESS	PUROK 5 House/Block/Lot No. Street SAN MIGUEL Subdivision/Village Barangay QUEZON NUEVA ECIJA City/Municipality Province 3113
8. WEIGHT (kg)	73	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	B	20. MOBILE NO.	09179145642
10. GSIS ID NO.	2002939544	21. E-MAIL ADDRESS (if any)	jojopineda19@yahoo.com
11. PAG-IBIG ID NO.	030106251210		
12. PHILHEALTH NO.	07000051994-2		
13. SSS NO.	N/A		
14. TIN NO.	154-306-842		
15. AGENCY EMPLOYEE NO.	4146766		

II. FAMILY BACKGROUND

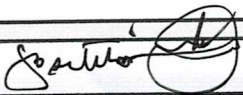
22. SPOUSE'S SURNAME	PINEDA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LEONISA	NAME EXTENSION (JR., SR)	JONIE A. PINEDA	05/02/1993
MIDDLE NAME	ALARCON		MARIVIC JOY A. PINEDA	03/07/1998
OCCUPATION	TEACHING			
EMPLOYER/BUSINESS NAME	DEPED STA. MARIA NATIONAL HIGH SCHOOL			
BUSINESS ADDRESS	STA. MARIA, LICAB, NUEVA ECIJA			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PINEDA			
FIRST NAME	MANUEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PONCE			
25. MOTHER'S MAIDEN NAME				
SURNAME	CAMAYA			
FIRST NAME	MARIA			
MIDDLE NAME	VILLAFLORES			

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	CABANATUAN WEST CENTRAL SCHOOL	PRIMARY	1971	1977	GRADUATED	1977	NONE
SECONDARY	TALAVERA NATIONAL HIGH SCHOOL	SECONDARY	1977	1981	GRADUATED	1981	NONE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	NONE
COLLEGE	MANUEL V. GALLEGOS FOUNDATION COLLEGES	BACHELOR OF SECONDARY EDUCATION MAJOR IN AGRICULTURE	1981	1985	GRADUATED	1985	NONE
GRADUATE STUDIES	PHILIPPINE STATESMAN COLLEGES	MASTER OF ART MAJOR IN PSYCHOLOGY	1995	1996	36 UNITS		NONE

SIGNATURE		DATE
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IV. CIVIL SERVICE ELIGIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)			
				NUMBER	Date of Validity		
PROFESSIONAL BOARD EXAMINATION FOR TEACHERS	70.63	12/10/1989	CABANATUAN CITY	0391104	19/10/2021		
(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							
28. INCLUSIVE DATES (mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format '00.00')/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)	
							From
01/01/2020	PRESENT	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	28,688.00	13 STEP 7	PERMANENT	YES
01/01/2019	12/31/2019	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	27,166.00	13 STEP 7	PERMANENT	YES
08/16/2018	12/31/2018	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	25,989.00	13 STEP 7	PERMANENT	YES
01/01/2018	08/15/2018	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	25,387.00	13 STEP 6	PERMANENT	YES
01/01/2017	12/31/2017	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	24,315.00	13 STEP 6	PERMANENT	YES
08/16/2015	12/31/2016	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	23,536.00	13 STEP 6	PERMANENT	YES
08/16/2013	08/15/2015	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	22,306.00	13 STEP 5	PERMANENT	YES
16/08/2012	15/08/2013	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	22086.00	13 STEP 5	PERMANENT	YES
01/06/2011	15/08/2012	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	20420.00	13 STEP 4	PERMANENT	YES
24/06/2010	31/05/2011	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	18755.00	13 STEP 4	PERMANENT	YES
16/08/2009	23/06/2010	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	17089.00	13 STEP 4	PERMANENT	YES
01/07/2009	15/08/2009	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	16753.00	13 STEP 3	PERMANENT	YES
01/07/2008	30/06/2009	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	14197.00	12 STEP 3	PERMANENT	YES
01/07/2007	30/06/2008	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	12906.00	12 STEP 3	PERMANENT	YES
16/08/2006	30/06/2007	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	11733.00	12 STEP 3	PERMANENT	YES
16/08/2003	15/08/2006	TEACHER III	DEPED STA. MARIA NATIONAL HIGH SCHOOL	11446.00	12 STEP2	PERMANENT	YES
01/07/2001	15/08/2003	TEACHER I	DEPED STA. MARIA NATIONAL HIGH SCHOOL	11167.00	12 STEP 1	PERMANENT	YES
16/08/2000	30/06/2001	TEACHER I	DEPED STA. MARIA NATIONAL HIGH SCHOOL	10635.00	12 STEP 1	PERMANENT	YES
01/01/2000	15/08/2000	TEACHER I	DEPED STA. MARIA NATIONAL HIGH SCHOOL	9945.00	10 STEP 3	PERMANENT	YES
20/12/1997	31/12/1999	TEACHER I	DEPED STA. MARIA NATIONAL HIGH SCHOOL	9041.00	10 STEP 3	PERMANENT	YES
01/11/1997	19/12/1997	TEACHER I	DEPED STA. MARIA NATIONAL HIGH SCHOOL	8571.00	10 STEP 2	PERMANENT	YES
01/01/1997	31/10/1997	TEACHER I	DEPED STA. MARIA NATIONAL HIGH SCHOOL	7433.00	10 STEP 2	PERMANENT	YES
01/01/1996	19/12/1996	TEACHER I	DEPED STA. MARIA NATIONAL HIGH SCHOOL	6044.00	10 STEP 2	PERMANENT	YES
01/01/1995	31/12/1995	TEACHER I	DEPED STA. MARIA NATIONAL HIGH SCHOOL	4933.00	10 STEP 1	PERMANENT	YES
20/12/1994	31/12/1994	TEACHER I	DEPED STA. MARIA NATIONAL HIGH SCHOOL	3933.00	10 STEP 1	PERMANENT	YES
01/01/1994	19/12/1994	TEACHER I	DEPED STA. MARIA NATIONAL HIGH SCHOOL	3902.00	10 STEP 1	PERMANENT	YES
20/12/1991	31/12/1993	TEACHER I	DEPED STA. MARIA NATIONAL HIGH SCHOOL	3102.00	10 STEP 1	PERMANENT	YES
15/10/1990	13/12/1990	TEACHER I	DEPED STA. MARIA NATIONAL HIGH SCHOOL	3102.00		R. SUB.	YES
SIGNATURE				DATE			







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><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>ALBERT M. LOPEZ</td><td>STA. MARIA, LICAB, NUEVA ECIJA</td><td>N/A</td></tr><tr><td>MARIA ROWENA V. CONSTANTINO</td><td>STA. MNHS/ STA. MARIA, LICAB, NUEVA ECIJA</td><td>N/A</td></tr><tr><td>MAYOR FEMY D. DOMINGO</td><td>LICAB, NUEVA ECIJA</td><td>N/A</td></tr></table>		NAME	ADDRESS	TEL. NO.	ALBERT M. LOPEZ	STA. MARIA, LICAB, NUEVA ECIJA	N/A	MARIA ROWENA V. CONSTANTINO	STA. MNHS/ STA. MARIA, LICAB, NUEVA ECIJA	N/A	MAYOR FEMY D. DOMINGO	LICAB, NUEVA ECIJA	N/A
NAME	ADDRESS	TEL. NO.											
ALBERT M. LOPEZ	STA. MARIA, LICAB, NUEVA ECIJA	N/A											
MARIA ROWENA V. CONSTANTINO	STA. MNHS/ STA. MARIA, LICAB, NUEVA ECIJA	N/A											
MAYOR FEMY D. DOMINGO	LICAB, NUEVA ECIJA	N/A											
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>PRC</td></tr><tr><td>ID/License/Passport No.:</td><td>0391104</td></tr><tr><td>Date/Place of Issuance:</td><td>06/26/1998 MANILA</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:	PRC	ID/License/Passport No.:	0391104	Date/Place of Issuance:	06/26/1998 MANILA	<table><tr><td> Signature (Sign inside the box)</td></tr><tr><td>_____ Date Accomplished</td></tr></table>	 Signature (Sign inside the box)	_____ Date Accomplished		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID:	PRC												
ID/License/Passport No.:	0391104												
Date/Place of Issuance:	06/26/1998 MANILA												
 Signature (Sign inside the box)													
_____ Date Accomplished													
<table><tr><td rowspan="2">SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</td><td> Right Thumbprint</td></tr><tr><td><div>Person Administering Oath</div></td></tr></table>		SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.	 Right Thumbprint	<div>Person Administering Oath</div>									
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.	 Right Thumbprint												
	<div>Person Administering Oath</div>												



PERSONAL DATA SHEET

WARNING: Any misinterpretation 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 ( ) ☐ 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	TADIQUE		
FIRST NAME	TEODORA		NAME EXTENSION (JR., SR)
MIDDLE NAME	LARON		
3. DATE OF BIRTH (mm/dd/yyyy)	09/11/1963	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	QUEZON, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	PUROK 3 House/Block/Lot No. Street Subdivision/Village STA. MARIA Barangay LICAB NUEVA ECIJA City/Municipality Province 3112
7. HEIGHT (m)	1.6	18. PERMANENT ADDRESS	PUROK 3 House/Block/Lot No. Street Subdivision/Village STA. MARIA Barangay LICAB NUEVA ECIJA City/Municipality Province 3112
8. WEIGHT (kg)	58 kgs	19. TELEPHONE NO.	NONE
9. BLOOD TYPE	O	20. MOBILE NO.	09255091163
10. GSIS ID NO.	2002938076	21. E-MAIL ADDRESS (if any)	N/A
11. PAG-IBIG ID NO.	1410-0019-0364		
12. PHILHEALTH NO.	07-000051975-6		
13. SSS NO.	33-003167-2		
14. TIN NO.	154-306-850		
15. AGENCY EMPLOYEE NO.	4146769		

II. FAMILY BACKGROUND

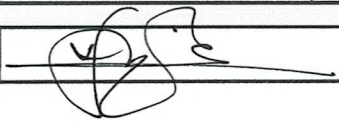
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A		N/A	
MIDDLE NAME				
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	TADIQUE			03/22/1935
FIRST NAME	HORACIO SR			
MIDDLE NAME	LINA			
25. MOTHER'S MAIDEN NAME				
SURNAME	LARON			12/06/1940
FIRST NAME	ELECITA			
MIDDLE NAME	ALMARIO			

(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	QUEZON CENTRAL SCHOOL	PRIMARY EDUCATION	1970	1976	GRADUATED	1976	NONE
SECONDARY	HOLY FAMILY ACADEMY	HIGH SCHOOL	1976	1980	GRADUATED	1980	NONE
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	CENTRAL LUZON POLYTECHNIC COLLEGE	BACHELOR OF SCIENCE IN INDUSTRIAL EDUCATION/MAJOR IN INDUSTRIAL ARTS	1980	1984	GRADUATED	1984	NONE
GRADUATE STUDIES	PHILIPPINE STATESMAN COLLEGE	MA IN PSYCHOLOGY	1995	1996	36 UNITS	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 1 of 4
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[illegible]

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

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE	ACHIEVER' S AWARD	STA. MARIA NATIONAL HIGH SCHOOL FACULTY CLUB
LETTERING	MOST RESPONSIBLE TEACHER (SCHOOL LEVEL)	LICAB DISTRICT TEACHERS ASSOCIATION, INC.

SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 3 of 4
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#### IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
PROFESSIONAL BOARD EXAMINATION FOR TEACHERS	70.08	11/22/1987	CABANATUAN CITY	0391857	09/11/2018

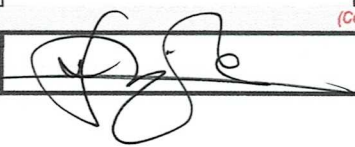
(Continue on separate sheet if necessary)

#### V. WORK EXPERIENCE

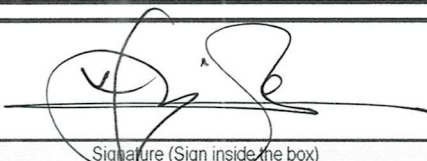

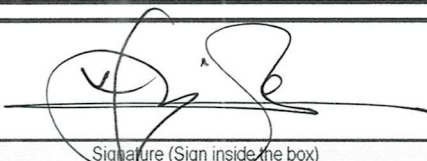
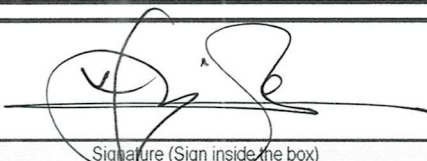


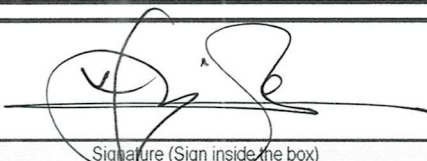
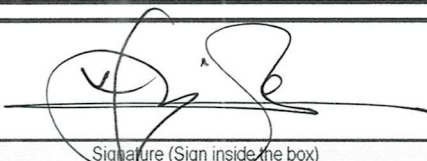


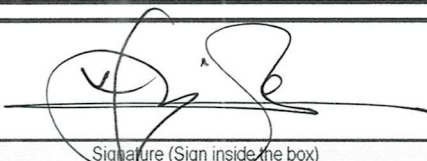

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-00") INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
01/01/2020	Present	MASTER TEACHER I	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P42,662	18-2	PERMANENT	YES
07/19/2019	12/31/2019	MASTER TEACHER I	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P41,140	18-2	PERMANENT	YES
01/01/2019	07/18/2019	MASTER TEACHER I	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P40,637	18-1	PERMANENT	YES
01/01/2018	12/31/2018	MASTER TEACHER I	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P38,085	18-1	PERMANENT	YES
01/01/2017	12/31/2017	MASTER TEACHER I	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P35,693	18-1	PERMANENT	YES
07/19/2016	12/31/2016	MASTER TEACHER I	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P33,452	18-1	PERMANENT	YES
01/01/2016	07/18/2016	TEACHER III	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P23,289	13-5	PERMANENT	YES
08/16/2013	12/31/2015	TEACHER III	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P22,306	13-5	PERMANENT	YES
06/01/2012	08/15/2013	TEACHER III	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P22,086	13-4	PERMANENT	YES
06/01/2011	05/31/2012	TEACHER III	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P20,420	13-4	PERMANENT	YES
06/24/2010	05/13/2011	TEACHER III	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P18,755	13-4	PERMANENT	YES
08/16/2009	06/23/2010	TEACHER III	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P17,089	13-4	PERMANENT	YES
07/01/2009	08/15/2009	TEACHER III	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P16,753	13-3	PERMANENT	YES
07/01/2008	06/30/2009	TEACHER III	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P14,197	12-3	PERMANENT	YES
07/01/2007	06/30/2008	TEACHER III	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P12,906	12-3	PERMANENT	YES
08/16/2006	06/30/2007	TEACHER III	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P11,733	12-3	PERMANENT	YES
08/16/2003	08/15/2006	TEACHER III	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P11,446	12-2	PERMANENT	YES
07/01/2001	08/15/2003	TEACHER III	DEPARTMENT OF EDUCATION - STA. MARIA NATIONAL HIGH SCHOOL	P11,167	12-1	PERMANENT	YES
08/16/2000	06/30/2001	TEACHER III	DEPARTMENT OF EDUCATION CULTURE AND SPORTS - STA. MARIA HIGH SCHOOL	P10,635	12-1	PERMANENT	YES
01/01/2000	08/15/2000	TEACHER I	DEPARTMENT OF EDUCATION CULTURE AND SPORTS - STA. MARIA HIGH SCHOOL	P10,194	10-4	PERMANENT	YES
11/01/1997	12/31/1999	TEACHER I	DEPARTMENT OF EDUCATION CULTURE AND SPORTS - STA. MARIA HIGH SCHOOL	P9,267	10-4	PERMANENT	YES
08/11/1997	10/31/1997	TEACHER I	DEPARTMENT OF EDUCATION CULTURE AND SPORTS - STA. MARIA HIGH SCHOOL	P7,687	10-4	PERMANENT	YES
01/01/1997	08/10/1997	TEACHER I	DEPARTMENT OF EDUCATION CULTURE AND SPORTS - STA. MARIA HIGH SCHOOL	P7,558	10-3	PERMANENT	YES
01/01/1996	12/31/1996	TEACHER I	DEPARTMENT OF EDUCATION CULTURE AND SPORTS - STA. MARIA HIGH SCHOOL	P6,075	10-3	PERMANENT	YES
01/01/1995	12/31/1995	TEACHER I	DEPARTMENT OF EDUCATION CULTURE AND SPORTS - STA. MARIA HIGH SCHOOL	P4,964	10-3	PERMANENT	YES
08/11/1994	12/31/1994	TEACHER I	DEPARTMENT OF EDUCATION CULTURE AND SPORTS - STA. MARIA HIGH SCHOOL	P3,964	10-3	PERMANENT	YES
01/01/1994	08/10/1994	TEACHER I	DEPARTMENT OF EDUCATION CULTURE AND SPORTS - STA. MARIA HIGH SCHOOL	P3,933	10-2	PERMANENT	YES
11/20/1991	12/31/1993	TEACHER I	DEPARTMENT OF EDUCATION CULTURE AND SPORTS - STA. MARIA HIGH SCHOOL	P3,133	10-2	PERMANENT	YES
08/11/1991	11/19/1991	TEACHER I	DEPARTMENT OF EDUCATION, CULTURE AND SPORTS - CARRANGLAN HIGH SCHOOL	P3,133	10-2	PERMANENT	YES
07/01/1989	08/10/1991	TEACHER I	DEPARTMENT OF EDUCATION, CULTURE AND SPORTS - CARRANGLAN HIGH SCHOOL	P3,102	10-1	PERMANENT	YES
08/11/1988	06/30/1989	SECONDARY SCHOOL TEACHER I	DEPARTMENT OF EDUCATION, CULTURE AND SPORTS - CARRANGLAN HIGH SCHOOL	P1,764	10-1	PERMANENT	YES

(Continue on separate sheet if necessary)

SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 2 of 4
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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 checked="" 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: _____												
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NAME	ADDRESS	TEL. NO.											
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# PERSONAL DATA SHEET

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**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	EUGENIO		
FIRST NAME	EMELITA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MERCADO		
3. DATE OF BIRTH (mm/dd/yyyy)	03/13/1964	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	CABUYAO,LAGUNA	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)	160CM	17. RESIDENTIAL ADDRESS	2209 NARRA House/Block/Lot No. Street UNITED HILLS VILLAGE ST. MATIN DE PORRES Subdivision/Village Barangay PARANAQUE NCR City/Municipality Province
8. WEIGHT (kg)	150Kg	ZIP CODE	1713
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	2209 NARRA House/Block/Lot No. Street UNITED HILLS VILLAGE ST. MATIN DE PORRES Subdivision/Village Barangay PARANAQUE NCR City/Municipality Province
10. GSIS ID NO.		ZIP CODE	1713
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.			
13. SSS NO.	0391983454	19. TELEPHONE NO.	6591285
14. TIN NO.	211-938-841	20. MOBILE NO.	09176251121
15. AGENCY EMPLOYEE NO.	CENTURY PROP.127425	21. E-MAIL ADDRESS (if any)	eugenioemelita@gmail.com

## II. FAMILY BACKGROUND

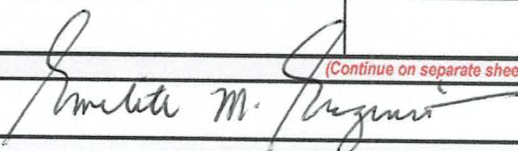
22. SPOUSE'S SURNAME	EUGENIO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	REYNALDO	NAME EXTENSION (JR., SR)	EMERY M. EUGENIO	11/11/1991
MIDDLE NAME	ALVAREZ		MEYER M. EUGENIO	12/09/1996
OCCUPATION	RETIRED		JEREMY M. EUGENIO	03/13/1998
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	9564772957			
24. FATHER'S SURNAME	MERCADO			
FIRST NAME	GERARDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ESCRIMADONA			
25. MOTHER'S MAIDEN NAME				
SURNAME	MERCADO			
FIRST NAME	AMPARO			
MIDDLE NAME	LAUREL			

(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	ST. CECILIA'S ELEMENTARY SCHOOL	ELEMENTARY	1970	1976		1976	VALEDICTO RIAN
SECONDARY	ST. CECILIAS HIGH SCHOOL	HIGH SCHOOL	1976	1981		1981	3RD HORONABLE
VOCATIONAL / TRADE COURSE							
COLLEGE	ST. SCHOLASTICA'S COLLEGE	AB MASS COMMUNICATION	1981	1986		1986	
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	<i>Melita M. Puzino</i>	DATE	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / 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		

(Continue on separate sheet if necessary)

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

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			

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION


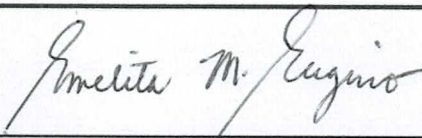
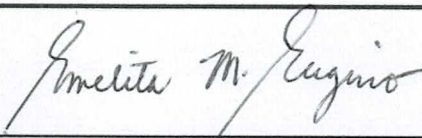


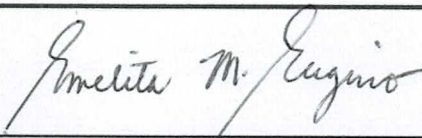

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

(Continue on separate sheet if necessary)

SIGNATURE	DATE
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*Imelita M. Eugenio*



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: _____																
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_____ 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	DIMAGIBA		
FIRST NAME	FRANCIS EMIL FORT		NAME EXTENSION (JR., SR)
MIDDLE NAME	VALLE		
3. DATE OF BIRTH (mm/dd/yyyy)	03/10/1991	16. CITIZENSHIP	PHILIPPINES
4. PLACE OF BIRTH	MAKATI CITY, METRO MANILA	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	MALE		
6. CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS	13A ZIPPER House/Block/Lot No. Street SAN LORENZO VILLAGE SAN LORENZO Subdivision/Village Barangay MAKATI METRO MANILA City/Municipality Province
7. HEIGHT (m)	1.7M	ZIP CODE	1223
8. WEIGHT (kg)	100 KG	18. PERMANENT ADDRESS	13A ZIPPER House/Block/Lot No. Street SAN LORENZO SAN LORENZO Subdivision/Village Barangay MAKATI METRO MANILA City/Municipality Province
9. BLOOD TYPE	A+	ZIP CODE	1223
10. GSIS ID NO.		19. TELEPHONE NO.	88760070
11. PAG-IBIG ID NO.	121103971159	20. MOBILE NO.	09175360310
12. PHILHEALTH NO.	01-051838778-8	21. E-MAIL ADDRESS (if any)	francis_dimagiba310@yahoo.com
13. SSS NO.	34-2963583-3		
14. TIN NO.	411-581-160		
15. AGENCY EMPLOYEE NO.			

## 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		NAME EXTENSION (JR., SR)		
MIDDLE NAME			N/A	
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DIMAGIBA			
FIRST NAME	FORTUNATO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LACSON			
25. MOTHER'S MAIDEN NAME				
SURNAME	VALLE			
FIRST NAME	MARIA ELOISA			
MIDDLE NAME	NEYRA		(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	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION	1998	2005		2005	
SECONDARY	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION	2005	2009		2009	
VOCATIONAL / TRADE COURSE							
COLLEGE	DE LA SALLE UNIVERSITY- MANILA	BS ACCOUNTANCY	2009	2013		2013	
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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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]

VIII. OTHER INFORMATION

## VIII. OTHER INFORMATION

[illegible]

SIGNATURE		DATE	
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SIGNATURE		DATE	
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CS FORM 212 (Revised 2010) Page 3 of 4



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)?	NO  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?	NO If YES, give details: _____  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?	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 If YES, give details: RESIGNATION _____
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?	NO If YES, give details: _____  NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	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?	NO If YES, please specify: _____  NO If YES, please specify ID No: _____  NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.

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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	FELICIANO		
FIRST NAME	PONCIANO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CASIMIRO		
3. DATE OF BIRTH (mm/dd/yyyy)	DEC. 03, 1955	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	TALAVERA N. E.	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	226 ANDAL ALINO, House/Block/Lot No. Street TALAVERA Subdivision/Village Barangay NUEVA ECIJA City/Municipality Province
7. HEIGHT (m)	5'4	ZIP CODE	3114
8. WEIGHT (kg)	114 LBS	18. PERMANENT ADDRESS	226 ANDAL ALINO, House/Block/Lot No. Street TALAVERA NUEVA ECIJA City/Municipality Province
9. BLOOD TYPE	0	ZIP CODE	3114
10. GSIS ID NO.		19. TELEPHONE NO.	
11. PAG-IBIG ID NO.		20. MOBILE NO.	0977 045 6959
12. PHILHEALTH NO.	030002307652	21. E-MAIL ADDRESS (if any)	
13. SSS NO.	02-0399023-4		
14. TIN NO.	203-577-033		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND			
22. SPOUSE'S SURNAME	CELLONA	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MERCEDES	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BAYAN		
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	FELICIANO		
FIRST NAME	CIRILE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CASTRO		
25. MOTHER'S MAIDEN NAME			
SURNAME	CASIMIRO		
FIRST NAME	JUANITA		
MIDDLE NAME	MADARANG		
(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	TALAVERA CENTRAL SCHOOL	GRADUATE			1970	
SECONDARY	TALAVERA NATIONAL HIGH SCHOOL	GRADUATE			1976	
VOCATIONAL / TRADE COURSE						
COLLEGE	PAMANTASAN NG ARAULLO	BS AGRI. ENGR.			1987	
GRADUATE STUDIES						

(Continue on separate sheet if necessary)	
SIGNATURE	DATE



#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

#### V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

**SIGNATURE**

DATE \_\_\_\_\_



## 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&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED


[illegible]

(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)
DRIVING		
PLAYING BASKETBALL		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p>   <p>b. Have you been criminally charged before any court?</p>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>If YES, give details: _____</p>												
<p>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?</p>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div> <p>If YES, give details: _____</p>												
<p>39. .</p>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>If YES, please specify ID No: _____</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 33%;">NAME</th><th style="width: 33%;">ADDRESS</th><th style="width: 33%;">TEL. NO.</th></tr></thead><tbody><tr><td>ATTY. EDNO N JOSON</td><td>GUIMBA NE</td><td></td></tr><tr><td>ATTY. TOMAS F. LAHOM</td><td>QUEZON NE</td><td></td></tr><tr><td>ATTY. OLIVE JANE G.CORNEJO</td><td>TALAVERA N.E</td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	ATTY. EDNO N JOSON	GUIMBA NE		ATTY. TOMAS F. LAHOM	QUEZON NE		ATTY. OLIVE JANE G.CORNEJO	TALAVERA N.E	
NAME	ADDRESS	TEL. NO.											
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ATTY. TOMAS F. LAHOM	QUEZON NE												
ATTY. OLIVE JANE G.CORNEJO	TALAVERA N.E												
<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: <b>15265694</b></p><p>ID/License/Passport No.: _____</p><p>Date/Place of Issuance: <b>08/20/2020 QUEZON NE</b></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;"> PHOTO</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 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: 60px; margin: 10px auto; text-align: center; line-height: 60px;">Person Administering Oath</div>													