

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.

I. PERSONAL INFORMATION

2. SURNAME		ESTAFIA			
FIRST NAME		MIKI		NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME		PAEL			
3. DATE OF BIRTH (mm/dd/yyyy)		12/26/1999		16. CITIZENSHIP	
4. PLACE OF BIRTH		SOGOD, SOUTHERN LEYTE		<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
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	
7. HEIGHT (m)		147 cm		<div>6604</div> <div>ZIP CODE</div>	
8. WEIGHT (kg)		50 kg		<div>PUROK IBA</div> <div>Street</div> <div>CASAO</div> <div>Barangay</div> <div>BONTOC</div> <div>SOUTHERN LEYTE</div> <div>City/Municipality</div> <div>Province</div>	
9. BLOOD TYPE		O+		18. PERMANENT ADDRESS	
10. GSIS ID NO.		N/A		<div>PUROK IBA</div> <div>Street</div> <div>CASAO</div> <div>Barangay</div> <div>BONTOC</div> <div>SOUTHERN LEYTE</div> <div>City/Municipality</div> <div>Province</div>	
11. PAG-IBIG ID NO.		06-4589240-8		<div>6604</div> <div>ZIP CODE</div>	
12. PHILHEALTH NO.		12-026209510-5		19. TELEPHONE NO.	
13. SSS NO.		1213-3069-2349		20. MOBILE NO.	
14. TIN NO.		636-190-944-00000		+639207510749	
15. AGENCY EMPLOYEE NO.		N/A		21. E-MAIL ADDRESS (if any)	
				estafia.miki26@gmail.com	


II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
	FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A
	MIDDLE NAME	N/A		
	OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ESTAFIA			
	FIRST NAME	MICHAEL	NAME EXTENSION (JR., SR) N/A	
	MIDDLE NAME	BAROLA		
25. MOTHER'S MAIDEN NAME				
	SURNAME	PAEL		
	FIRST NAME	EVANGELINE		
	MIDDLE NAME	MELOREN		(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	SOGOD CENTRAL SCHOOL		2011	2012			
SECONDARY	SAINT MICHAEL COLLEGE OF CARAGA	TVL - HOME ECONOMICS	2016	2018			
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	UNIVERSITY OF CEBU MAIN CAMPUS	BACHELOR OF ELEMENTARY EDUCATION - GENERAL EDUCATION	2019	2024			
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	05/29/2024
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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	05/29/2024
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DATE	05/29/2024
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05/29/2024

[illegible]


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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

[illegible]

VIII. OTHER INFORMATION


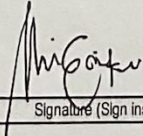
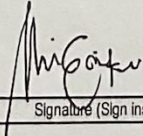


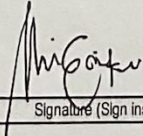

[illegible]

SIGNATURE		DATE	05/29/2024
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(Continue on)

Mr. C. R. ...

05/29/2024

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the 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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>JOSHUA MARIE POBADORA</td><td>CEBU CITY, PHILIPPINES</td><td>+639277011509</td></tr><tr><td>RETSIN JOYCE SARCO</td><td>CEBU CITY, PHILIPPINES</td><td>+639336370514</td></tr><tr><td>MELYN JEAN CINCO</td><td>BONTOC, SOUTHERN LEYTE</td><td>+639652165846</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	JOSHUA MARIE POBADORA	CEBU CITY, PHILIPPINES	+639277011509	RETSIN JOYCE SARCO	CEBU CITY, PHILIPPINES	+639336370514	MELYN JEAN CINCO	BONTOC, SOUTHERN LEYTE	+639652165846	 ESTAFIA. MIKI P. PHOTO
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42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.														
<table><tr><td>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: NATIONAL ID</td></tr><tr><td>ID/License/Passport No.: 2086-5031-0285-7925</td></tr><tr><td>Date/Place of Issuance: 04/29/2023</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: NATIONAL ID	ID/License/Passport No.: 2086-5031-0285-7925	Date/Place of Issuance: 04/29/2023	<table><tr><td> Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table>	 Signature (Sign inside the box)	Date Accomplished	<table><tr><td> Right Thumbmark</td></tr></table>	 Right Thumbmark					
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SUBSCRIBED AND SWORN to before me this <u>MAY 23 2024</u> , affiant exhibiting his/her validly issued government ID as indicated above.														
<div>ATTY. RODNEY D. ATIBULA PUBLIC ATTORNEY (Pursuant to R.A. 9406) Person Administering Oath</div>														