

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	ABEDEJOS		
FIRST NAME	MARY ANNE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	CLAVERIA		
3. DATE OF BIRTH (mm/dd/yyyy)	05/01/1998	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	HINDANG, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines ▼
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street
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:		CLUSTER 5 MA-ASIN
7. HEIGHT (m)	1.55 m		Subdivision/Village Barangay
8. WEIGHT (kg)	59 kg		HINDANG LEYTE
9. BLOOD TYPE	Type A		City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6523
11. PAG-IBIG ID NO.	121257835597	18. PERMANENT ADDRESS	House/Block/Lot No. Street
12. PHILHEALTH NO.	13-025519042-4		CLUSTER 5 MA-ASIN
13. SSS NO.	34-8735274-7		Subdivision/Village Barangay
14. TIN NO.	752-760-815		HINDANG LEYTE
15. AGENCY EMPLOYEE NO.	N/A		City/Municipality Province
		ZIP CODE	6523
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	0910-043-6618
		21. E-MAIL ADDRESS (if any)	abedejos.maryanne@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		NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ABEDEJOS			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	QUEROBIN	JR		
25. MOTHER'S MAIDEN NAME				
SURNAME	CLAVERIA			
FIRST NAME	MARCELA			
MIDDLE NAME	N/A		(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	MA-ASIN ELEMENTARY SCHOOL	ELEMENTARY	2006	2010	N/A	2010	FIRST
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	HIGH SCHOOL	2010	2014	N/A	2014	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2014	2019	N/A	2019	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	08/09/2022
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

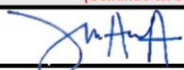
V. WORK EXPERIENCE



(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	08/09/2022
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N/A	N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
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			
	ISO 9001:2015 ISO AWARENESS/RE AWARENESS SEMINAR	08/30/2022	08/31/2022	16.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	INTERNAL QUALITY AUDIT COURSE TRAINING BASED 19011: 2018 AUDITING GUIDELINES	08/18/2022	08/19/2022	16.0	TECHNICAL	AGF CONSULTING GROUP
	HANDS-ONLY CARDIOPULMONARY RESUSCITATION	07/21/2022	07/21/2022	3.0	TECHNICAL	DEPARTMENT OF HEALTH- EASTERN VISAYAS
	TYPHOON AWARENESS AND CALAMITY READINESS	06/29/2022	06/29/2022	8.0	TECHNICAL	DEPARTMENT OF METEOROLOGY-VSU
	VIRTUAL DATA PRIVACY ACT OF 2012 AWARENESS SEMINAR	04/07/2022	04/07/2022	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	BASIC CUSTOMER RELATIONS TRAINING	11/28/2021	11/28/2021	8.0	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY
	4TH LEVEL TRAINING ON 2020 CENSUS POPULATION AND HOUSING	08/10/2020	08/15/2020	40.0	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY
	DIGITAL MARKETING	04/23/2019	04/23/2019	8.0	TECHNICAL	DEPARTMENT OF TRADE AND INDUSTRY
	USING PESTICIDE SAFETY MANUAL	03/20/2019	03/20/2019	8.0	TECHNICAL	EPHRATHA FARMS
	300 HOURS ON-THE-JOB TRAINING (EPHRATHA FARMS)	01/28/2019	03/21/2019	300.0	FOUNDATION	EPHRATHA FARMS
(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)		
	ADOBE PHOTOSHOP EDITING	N/A		N/A		
	PLAYING SOFTBALL	SCUAA PLAYER		VSU SOFTBALL TEAM		
	COMPUTER LITERACY (MICROSOFT WORD, EXCEL, POWERPOINT, CANVA	N/A		N/A		
	ONLINE SELLING	N/A		N/A		
	TRAVELLING AND PHOTOGRAPHY	N/A		N/A		
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	08/09/2022	

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>
41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)		
NAME		ADDRESS
ALELI A. VILLOCINO		BAYBAY CITY, LEYTE
LUZ O. MORENO		BAYBAY CITY, LEYTE
EDITHA G. CAGASAN		BAYBAY CITY, LEYTE
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.		
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: DRIVER'S LICENSE</div> <div>ID/License/Passport No.: H12-22-300265</div> <div>Date/Place of Issuance: BAYBAY CITY, LEYTE</div>		<div></div> <div>Signature (Sign inside the box)</div> <div>08/09/2022</div> <div>Date Accomplished</div>
		<div></div> <div>Right Thumbmark</div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div></div> <div>Person Administering Oath</div>		