

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	GOLES		
FIRST NAME	RYAN		NAME EXTENSION (JR., SR)
MIDDLE NAME	N/A		
3. DATE OF BIRTH (mm/dd/yyyy)	03 / 27 / 1996	15. 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	PASTRANA, LEYTE	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 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)	1.59	House/Block/Lot No.	Street
8. WEIGHT (kg)	59	Subdivision/Village	Barangay
9. BLOOD TYPE	O+	PASTRANA	LEYTE
10. GSIS ID NO.	N/A	City/Municipality	Province
11. PAG-IBIG ID NO.	121324839676	ZIP CODE	6514
12. PHILHEALTH NO.	1802 56306698	18. PERMANENT ADDRESS	
13. SSS NO.	06-4634046-9	House/Block/Lot No.	Street
14. TIN NO.	N/A	Subdivision/Village	Barangay
15. AGENCY EMPLOYEE NO.	N/A	PASTRANA	LEYTE
		City/Municipality	Province
		ZIP CODE	6514
		19. TELEPHONE NO.	
		20. MOBILE NO.	09922874063 / 09432166220
		21. E-MAIL ADDRESS (if any)	ryan.goles@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	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	NOMID			
FIRST NAME	ENRIQUE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GREZOLA			
25. MOTHER'S MAIDEN NAME				
SURNAME	GOLES			
FIRST NAME	BELINDA			
MIDDLE NAME	GUILLOS			

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	PASTRANA CENTRAL SCHOOL	ELEMENTARY	2005	2013		2013	
SECONDARY	JUAN VILLALANCA MEMORIAL HIGH SCHOOL	HIGH SCHOOL	2013	2019		2019	
VOCATIONAL / TRADE COURSE							
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY EDUCATION - SPECIAL STUDIES	2019	2023		2023	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

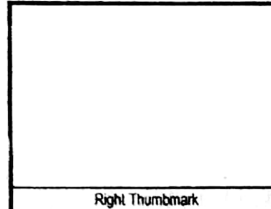
SIGNATURE	DATE
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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you 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>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>ROWENA BULANTE</td> <td>PACTRANA LEYTE</td> <td>09951802034</td> </tr> <tr> <td>VERONICA PASAGUI</td> <td>TACLOBAN CITY</td> <td>09190007138</td> </tr> <tr> <td>SOLOMON CAYANEZ</td> <td>TACLOBAN CITY</td> <td>091632499321</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	ROWENA BULANTE	PACTRANA LEYTE	09951802034	VERONICA PASAGUI	TACLOBAN CITY	09190007138	SOLOMON CAYANEZ	TACLOBAN CITY	091632499321
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<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>													
<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: <u>PRC</u></p> <p>ID License/Passport No: <u>2210217</u></p> <p>Date/Place of Issuance: <u>TACLOBAN CITY</u></p>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Signature (Sign inside the box) </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> _____ Date Accomplished </div>												
<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">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; height: 50px; width: 100%; margin: 10px 0;"></div> <p style="text-align: center;">Person Administering Oath</p> </div>													



PHOTO



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