

# 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 ( ☐ ) 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	LAUSE		
FIRST NAME	MARICAR	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	MADJUS		
3. DATE OF BIRTH (mm/dd/yyyy)	FEBRUARY 5, 1999	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	LAS PIÑAS, CITY	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	N/A N/A House/Block/Lot No. Street N/A MANSAHA-ON Subdivision/Village Barangay MATAG-OB LEYTE City/Municipality Province
7. HEIGHT (m)	1.51	ZIP CODE	6532
8. WEIGHT (kg)	55		
9. BLOOD TYPE	O		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A MANSAHA-ON Subdivision/Village Barangay MATAG-OB LEYTE City/Municipality Province
12. PHILHEALTH NO.	1302-5534-2968	ZIP CODE	6532
13. SSS NO.	06-4116520-7	19. TELEPHONE NO.	N/A
14. TIN NO.	359-800949-0000	20. MOBILE NO.	09295047822
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	lausekim259@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	LAUSE			
FIRST NAME	OSCAR	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SALES			
25. MOTHER'S MAIDEN NAME	VIACRUCIS			
SURNAME	MADJUS			
FIRST NAME	MIRASOL			
MIDDLE NAME	MADJUS		(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	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	MANSAHA-ON ELEMENTARY SCHOOL	PRIMARY EDUCATION	JUNE 18, 2005	MAY 10, 2011	GRADUATE	2011	SALUTATORIAN
SECONDARY	MATAG-OB NATIONAL HIGH SCHOOL	SPECIAL SCIENCE CLASS	JUNE 6, 2011	MAY 18, 2015	GRADUATE	2015	THIRD HONORABLE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A		N/A	N/A	N/A
COLLEGE	PALOMPON INSTITUTE OF TECHNOLOGY	BACHELOR OF SECONDARY EDUCATION MAJOR IN ENGLISH	JUNE 4, 2015	MAY 24, 2019	GRADUATE	2019	MAGNA CUM LAUDE
POST-GRADUATE STUDIES	PALOMPON INSTITUTE OF TECHNOLOGY	MASTER OF ARTS IN EDUCATION MAJOR IN ENGLISH	AUGUST 8, 2020	PRESENT	18	N/A	N/A

(Continue on separate sheet if necessary)

#### 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
LICENSURE EXAMINATION FOR TEACHERS (LET)	84.4	SEPTEMBER 29, 2019	TACLOBAN CITY	1825617	02/05/2023
CSC HONOR GRADUATE ELIGIBILITY	N/A	AUGUST 15, 2019	CSC REGIONAL OFFICE TACLOBAN CITY	100108190412	26/07/2019

(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)



VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S	
1. Name of the organization	
2. Address of the organization	
3. Nature of the work / involvement	
4. Duration of the work / involvement	
5. Frequency of the work / involvement	
6. Other relevant information	

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
PIT COLLEGE STUDENT PUBLICATION-FULCRUM	06-24-2015	04-24-2019	3500 HRS	Deputy Editor II/ Journalist
PIT SCHIOLARS ASSOCIATION	12/07/2018	04-24-2019	65 HRS	Vice-President
FUTURE EDUCATORS ORGANIZATION	06/06/2015	04-24-19	15 HRS	Member
WORLD VISION DEVELOPMENT FOUNDATION	06/ 24/2014	09/23/2016	245 HRS	Facilitator

(Continue on separate sheet if necessary)

#### 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]

(Continue on separate sheet if necessary)

### VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	JOURNALISTIC SKILLS	CHAMPION ON FEATURE WRITING FILIPINO DURING THE REGIONAL TERTIARY SCHOOLS PRESS CONFERENCE 2018		PIT COLLEGE STUDENT PUBLICATION-FULCRUM
	HOSTING	FIFTH PLACE RADIO BROADCASTING RTSPC 2018		FUTURE EDUCATORS ORGANIZATION
	GARDENING	EDITORIAL WRITER OF THE YEAR 2018		PIT SCHOLARS ASSOCIATION
	BLOGGING	SECOND PLACE NEWS WRITING FILIPINO IN RTSPC 2017		WORLD VISION DEVELOPMENT FOUNDATION

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JANUARY 26, 2021
-----------	---	------	------------------

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?	<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, etc.?	<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 for the President and Vice President)? b. Have you resigned from the government service during the three (3)-month period before the election?	<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)		
NAME	ADDRESS	TEL. NO.
ROTHELIA MARIA G. UGSAD	PALOMPON, LEYTE	N/A
DESIREE A. GABRIEL	ISABEL, LEYTE	N/A
MARTHY JOHN LUBIANO	PALOMPON, LEYTE	N/A

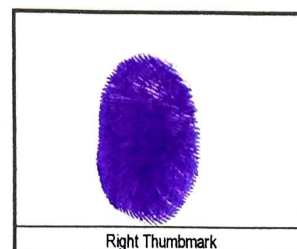
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	PhilHealth
ID/License/Passport No.:	13-025534296-8
Date/Place of Issuance:	May 2019/ Ormoc City

Signature (Sign inside the box)	
JANUARY 26, 2021	
Date accomplished	



Right Thumbmark

SUBSCRIBED AND SWORN to before me this JAN 26 2021 at Ormoc City, Philippines, by Mr. ARNOLD FRANCIS V. B. B. B. a duly qualified and validly issued government ID as indicated above.

Public Attorney's Office (Pursuant to R.A. 9406)	
Person Administering Oath	