

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	GAVIOLA		
	FIRST NAME	ISAGANI	NAME EXTENSION (JR., SR) N/A
	MIDDLE NAME	QUEBEC	
3. DATE OF BIRTH (mm/dd/yyyy)	12/09/1997	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	SAMPALOC, MANILA		
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 ZIP CODE	House/Block/Lot No. Street GABAS
			Subdivision/Village Barangay BAYBAY LEYTE
7. HEIGHT (m)	1.8		City/Municipality Province
8. WEIGHT (kg)	74		6521
9. BLOOD TYPE	O+		
10. GSIS ID NO.	N/A	18. PERMANENT ADDRESS ZIP CODE	House/Block/Lot No. Street BARUGOHAY CENTRAL
			Subdivision/Village Barangay
			CARIGARA LEYTE
			City/Municipality Province
			6529
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	382-563-383-000	20. MOBILE NO.	0905-416-8796
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	newisagani@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)		
	MIDDLE NAME	N/A		
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GAVIOLA			
	FIRST NAME	NAZARIO NAME EXTENSION (JR., SR)		
	MIDDLE NAME	CENTILLA		
25. MOTHER'S MAIDEN NAME	MARIA CORAZON MOLABOLA QUEBEC			
	SURNAME	GAVIOLA		
	FIRST NAME	MARIA CORAZON MOLABOLA QUEBEC		
	MIDDLE NAME	QUEBEC		
(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	CASSIDY ELEMENTARY SCHOOL	PRIMARY EDUCATION	26/06/1905	02/07/1905	N/A	2006	N/A
SECONDARY	CARIGARA SCHOOL OF FISHERIES	SECONDARY EDUCATION	02/07/1905	06/07/1905	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 ANIMAL SCIENCE	06/07/1905	10/07/1905	N/A	2018	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SIGNATURE		DATE	August 4, 2020

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
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

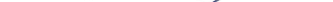
(Continue on separate sheet if necessary)

V. WORK EXPERIENCE


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





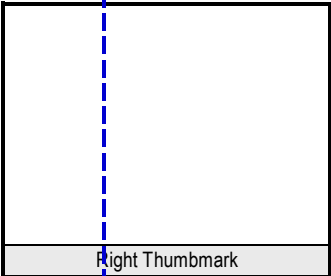
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(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 4, 2020
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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						
(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)						
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			
	N/A	N/A	N/A	N/A		N/A
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION	33.	MEMBERSHIP IN	
	N/A		N/A		N/A	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	August 4, 2020	

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 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 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 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)														
NAME		ADDRESS												
CONTACT NO.														
Dr. CELSO M. QUEBEC JR.		CARIGARA LEYTE												
9277758083														
JADE DHAPNEE Z. COMPENDIO		VISCA, BAYBAY CITY, LEYTE												
		jadedhapnee.compendio@												
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.)</td><td>PLEASE INDICATE ID Number</td></tr><tr><td>Government Issued ID:</td><td></td></tr><tr><td>ID/License/Passport No.</td><td></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	Government Issued ID:		ID/License/Passport No.		Date/Place of Issuance:		<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>August 4, 2020</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	August 4, 2020	Date Accomplished
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August 4, 2020														
Date Accomplished														
														
		PHOTO												
														
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div>Person Administering Oath</div>														