

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	BATISTIL		
	FIRST NAME	VIVIALYN	NAME EXTENSION (JR., SR)
	MIDDLE NAME	DOQUILLA	
3. DATE OF BIRTH (mm/dd/yyyy)	03/31/00	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	SOGOD DISTRICT HOSPITAL		
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	PUROK KATAMBISAN House/Block/Lot No. Street
			BARANGAY HILAAN Subdivision/Village Barangay
			BONTOC SOUTHERN LEYTE City/Municipality Province
7. HEIGHT (m)	1.51 M	ZIP CODE	6604
8. WEIGHT (kg)	60 KG		
9. BLOOD TYPE	TYPE B		
10. GSIS ID NO.		18. PERMANENT ADDRESS	PUROK KATAMBISAN House/Block/Lot No. Street
11. PAG-IBIG ID NO.			BARANGAY HILAAN Subdivision/Village Barangay
12. PHILHEALTH NO.	13-202845632-1		BONTOC SOUTHERN LEYTE City/Municipality Province
13. SSS NO.		ZIP CODE	6604
14. TIN NO.	722-370-133	19. TELEPHONE NO.	N/A
15. AGENCY EMPLOYEE NO.		20. MOBILE NO.	09501820652 / 09751858966
		21. E-MAIL ADDRESS (if any)	vivialynbatistil31@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		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	BATISTIL		N/A	N/A
	FIRST NAME	RAMIE NAME EXTENSION (JR., SR)	N/A	N/A
	MIDDLE NAME	ACERO	N/A	N/A
25. MOTHER'S MAIDEN NAME	MAPUTOL		N/A	N/A
	SURNAME	BATISTIL	N/A	N/A
	FIRST NAME	EDNA	N/A	N/A
	MIDDLE NAME	DOQUILLA	(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	HILAAN ELEMENTARY SCHOOL	N/A	2006	2012	N/A	N/A	N/A
SECONDARY	HILAAN NATIONAL HIGH SCHOOL	N/A	2012	2016	N/A	N/A	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 PHYSICAL EDUCATION	2018	2022	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A			N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	SEPTEMBER 07, 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		

(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			

(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)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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)?

☐ YES

☐ NO

☐ YES

☐ NO

If YES, give details:

35.

a. Have you ever been found guilty of any administrative offense?

☐ YES

☐ NO

If YES, give details:

b. Have you been criminally charged before any court?

☐ YES

☐ 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?

☐ YES

☐ 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?

☐ YES

☐ 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?

☐ YES

☐ NO

If YES, give details:

☐ YES

☐ NO

If YES, give details:

39.

Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES

☐ 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?

☐ YES

☐ NO

If YES, please specify:

☐ YES

☐ NO

If YES, please specify ID No:

☐ YES

☐ NO

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.

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.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID:

ID/License/Passport No.:

Date/Place of Issuance:

Signature (Sign inside the box)

Date Accomplished

ID picture taken within the last 6 months
3.5 cm. X 4.5 cm
(passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

