

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 Se 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	DAYONDON		
FIRST NAME	ROLANDO, III		NAME EXTENSION (JR., SR)
MIDDLE NAME	CIPRES		
3. DATE OF BIRTH (mm/dd/yyyy)	10/16/00	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	SILANG, CAVITE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
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	NONE PUROK BERYL House/Block/Lot No. Street NONE AMBACAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.67	ZIP CODE	6521-A
8. WEIGHT (kg)	67		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	NONE PUROK BERYL House/Block/Lot No. Street NONE AMBACAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.		19. TELEPHONE NO.	
13. SSS NO.		20. MOBILE NO.	+63 9616348612
14. TIN NO.		21. E-MAIL ADDRESS (if any)	rolandciples16@gmail.com
15. AGENCY EMPLOYEE NO.			

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	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	DAYONDON			
FIRST NAME	ROLANDO, SR.	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ZABALA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CIPRES			
FIRST NAME	NOMELITA			
MIDDLE NAME	FERNANDEZ		(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	PARACLETE FOUNDATION COMMUNITY SCHOOL, INC.		2004	2013		2008	
JUNIOR HIGH	BAYBAY NATIONAL HIGH SCHOOL		2013	2017		2012	
SENIOR HIGH	BAYBAY CITY SENIOR HIGH SCHOOL	HUMANITIES AND SOCIAL SCIENCES	2017	2019		2019	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF CULTURE AND ARTS EDUCATION	2019	2023		2023	
GRADUATE STUDIES	-						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 16, 2023
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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)*

<b>SIGNATURE</b>		<b>DATE</b>	08/16/2023
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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)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>FELICIANO L. SINON JR.</td><td>Visayas State University</td><td></td></tr><tr><td>RAY JEAN B. CORONEL</td><td>Pinagbayanan National High School</td><td></td></tr><tr><td></td><td></td><td></td></tr></table>		NAME	ADDRESS	TEL. NO.	FELICIANO L. SINON JR.	Visayas State University		RAY JEAN B. CORONEL	Pinagbayanan National High School				
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FELICIANO L. SINON JR.	Visayas State University												
RAY JEAN B. CORONEL	Pinagbayanan National High School												
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 colspan="2">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>DRIVER'S LICENSE</td></tr><tr><td>ID/License/Passport No.:</td><td>H12-19-000597</td></tr><tr><td>Date/Place of Issuance:</td><td>10/16/2019</td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	DRIVER'S LICENSE	ID/License/Passport No.:	H12-19-000597	Date/Place of Issuance:	10/16/2019	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>08/162023</td></tr><tr><td>Date Accomplished</td></tr></table> <div></div> <p>PHOTO</p> <div></div> <p>Right Thumbmark</p>		Signature (Sign inside the box)	08/162023	Date Accomplished
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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>													