

# 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	BAUTISTA		
FIRST NAME	RUSTY		N/A
MIDDLE NAME	VILLAZORDA		
3. DATE OF BIRTH (mm/dd/yyyy)	9/9/1992	16. CITIZENSHIP	<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	ORMOC CITY	If holder of dual citizenship, please indicate the details.	
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	4 PINE ST. House/Block/Lot No. Street TOOG BRGY. DONA FELIZA Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
7. HEIGHT (m)	153 CM.	ZIP CODE	6541
8. WEIGHT (kg)	49 KG	18. PERMANENT ADDRESS	4 PINE ST. House/Block/Lot No. Street TOOG BRGY. DONA FELIZA Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
9. BLOOD TYPE	B+	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	2005457279	20. MOBILE NO.	09771392192
11. PAG-IBIG ID NO.	121145252529	21. E-MAIL ADDRESS (if any)	iamrusty24@gmail.com
12. PHILHEALTH NO.	13-025158461-4		
13. SSS NO.	06-3460883-6		
14. TIN NO.	445-785-784		
15. AGENCY EMPLOYEE NO.			

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		N/A	N/A
FIRST NAME	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	BAUTISTA			
FIRST NAME	ROGELIO	SR.		
MIDDLE NAME	COSTORIO			
25. MOTHER'S MAIDEN NAME				
SURNAME	VILLAZORDA			
FIRST NAME	ELIZABETH			
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	DOÑA FELIZA ELEMENTARY SCHOOL	PRIMARY	1999	2005	GRADE 6	2005	1ST HONOR
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	SECONDARY	2005	2009	4TH YEAR	2009	N/A
VOCATIONAL /	TESDA	NC II IN COOKERY	2016	2016	NC II	2016	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR IN TEACHING HOME ECONOMICS AND LIVELIHOOD EDUCATION	2009	2013	4TH YEAR	2013	N/A
GRADUATE STUDIES	MOTHER OF LIFE CENTER	MASTERS IN RELIGIOUS EDUCATION	2014	2016	39 UNITS	2015	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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	78.0	9/1/2013	TACLOBAN CITY LEYTE	1477598	
	CERTIFICATE OF DRIVING COURSE COMPLETION	N/A	05/14/2021	ORMOC CITY LEYTE	H03-19-002169	9/9/2023

(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>	
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES		NUMBER OF HOURS	POSITION / NATURE OF WORK		
		(mm/dd/yyyy)					
		From	To				
	COMMUNITY MANAGED-SAVINGS AND CREDIT COOPERATIVE	2012	PRESENT	N/A	PRESIDENT		
	HAYAG YOUTH ORGANIZATION	2011	2012	N/A	PRESIDENT		
	MOTHER OF THE REDEEMER PARISH LECTORS GUILD	2012	PRESENT	N/A	MEMBER		
	JESUS THE REDEEMER COVENANT COMMUNITY	2007	PRESENT	N/A	MEMBER		

## VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

VIII. OTHER INFORMATION

III. OTHER INFORMATION		
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DRIVING	2ND PLACER COACH ON DISH GARDENING	JRCC
VLOGGING	WINNER OF ENRO POSTER MAKING CONTEST	MRP-LECTORS GUILD
EDITING	GUEST SPEAKER DOÑA FELIZA ELEMENTARY SCHOOL 32ND GRADUATION	COMSCA
COMPUTER MICROSOFT		
LANDSCAPING		
PAINTING		
SALES MARKETTING		

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 style="text-align: right;">Answer: No</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 style="text-align: right;">Answer: No</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____ Answer: No</p> <p style="text-align: right;">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 style="text-align: right;">Answer: No</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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">DEPED TEACHER 1</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 style="text-align: right;">Answer: No</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Answer: No</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 style="text-align: right;">Answer: No</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 style="text-align: right;">Answer: No</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p style="text-align: right;">Answer: No</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p style="text-align: right;">Answer: 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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>MARCIAL G. FERNANDEZ</td> <td>CEBU, CITY</td> <td>9199914406</td> </tr> <tr> <td>MS. ANNIE G. TUGAHAN</td> <td>BRGY.MEJIA, ORMOC CITY</td> <td>9093880690</td> </tr> <tr> <td>MR. JOEL F. LORECTO</td> <td>BRGY. DOMONAR ORMOC CITY</td> <td>9661890823</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	MARCIAL G. FERNANDEZ	CEBU, CITY	9199914406	MS. ANNIE G. TUGAHAN	BRGY.MEJIA, ORMOC CITY	9093880690	MR. JOEL F. LORECTO	BRGY. DOMONAR ORMOC CITY	9661890823
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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>													
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<p>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; width: 300px; margin: 10px auto; height: 60px; position: relative;"> <div style="position: absolute; bottom: 5px; width: 100%; text-align: center;"> Person Administering Oath </div> </div>													

