

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.** I. CS ID No. (Do not fill up. For CSC use only.)

I. PERSONAL INFORMATION			
2. SURNAME	GERILLA		
FIRST NAME	NICOLE ANNE JOY	NAME EXTENSION (JR., SR.) N/A	
MIDDLE NAME	ODIN		
3. DATE OF BIRTH (mm/dd/yyyy)	MAY 22, 2000	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	CAMALIG, ALBAY	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	RIZAL STREET EXTENSION House/Block/Lot No. _____ Street _____ Subdivision/Village _____ DISTRICT II _____ PASTRANA LEYTE City/Municipality _____ Province _____ ZIP CODE 6514
7. HEIGHT (m)	156 cm	18. PERMANENT ADDRESS	RIZAL STREET EXTENSION House/Block/Lot No. _____ Street _____ Subdivision/Village _____ DISTRICT II _____ PASTRANA LEYTE City/Municipality _____ Province _____ ZIP CODE 6514
8. WEIGHT (kg)	52 kg		
9. BLOOD TYPE			
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	13-025616461-3	20. MOBILE NO.	09065922944
13. SSS NO.	06-4678790-7	21. E-MAIL ADDRESS (if any)	nicoleannejoygerilla@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		NAME EXTENSION (JR., SR.)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	GERILLA			
FIRST NAME	NICANOR	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	PEDRIGOSA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ODIN			
FIRST NAME	JOCELYN			
MIDDLE NAME	CAMASIS		(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	PASTRANA CENTRAL SCHOOL	PRIMARY EDUCATION	2006	2012	GRADUATED	2012	WITH HONOR
SECONDARY	JUAN VILLABLANCA MEMORIAL HIGH SCHOOL	HIGH SCHOOL	2012	2018	GRADUATED	2018	WITH HIGH HONOR
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY EDUCATION - MATHEMATICS	2018	2022	GRADUATED	2022	
GRADUATE STUDIES	N/A						

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
	BOARD OF PROFESSIONAL TEACHERS	89.60	SEPTEMBER 24, 2023	TACLOBAN CITY	2166896	05/22/27
	CIVIL SERVICE EXAM (CSC)- PROFESSIONAL		AUGUST 20, 2023	TACLOBAN CITY		

(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)

SIGNATURE

DATE _____

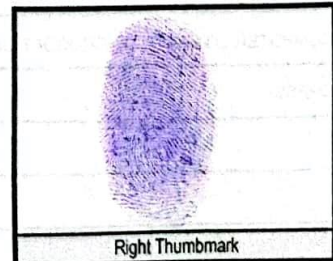
34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<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 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 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.
ORESTE ORTEGA	ALANGALANG, LEYTE	
MA. DONNA A. PAPURAN	PASTRANA, LEYTE	0945 368 6879
HAYWEL KRISTYN DOLOR	PASTRANA, LEYTE	0915 336 806

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.



NIKOLE ANNE JOY O. GERILLA



Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: PRC LICENSE
ID/License/Passport No.: 2166896
Date/Place of Issuance: 03/11/2024/ TACLOBAN CITY

Signature (Sign inside the box)
Date Accomplished

SUBSCRIBED AND SWORN to before me this 2024, affiant exhibiting his/her validly issued government ID as indicated above.

Doc No. <u>398</u> Page No. <u>81</u> Book No. <u>VII</u> Series of <u>2024</u>	 ATTY. CHARMAINE LYNN B. TAN Notary Public for Tacloban City and Leyte PTR No. 2023-01301, Admin. No. 2024-01301 202 Wilson & Libertad Sts., District 1, Pastrana, Leyte JRP No. 72436/June 14, 2019, IBP No. 331346/Dec. 19, 2023 PTR No. 8487156/Jan. 2, 2024, Tacloban City MCLE Compliance No. VII-0012655
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