

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                    | DAJAO  |   |  |
| FIRST NAME                    | FRANCES LOUISE   |   | NAME EXTENSION (JR., SR)   |
| MIDDLE NAME                   | BASALO   |   |  |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 10/16/1998   | 16. CITIZENSHIP   | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 4. PLACE OF BIRTH             | BAYBAY CITY, LEYTE   | 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"/> Other/s: | 17. RESIDENTIAL ADDRESS                                     | 586 30 DE DICIEMBRE ST.<br>House/Block/Lot No. Street<br>POBLACION ZONE 18<br>Subdivision/Village Barangay<br>BAYBAY CITY LEYTE<br>City/Municipality Province                                    |
| 7. HEIGHT (m)                 | 1.65m  | 18. PERMANENT ADDRESS                                       | 586 30 DE DICIEMBRE ST.<br>House/Block/Lot No. Street<br>POBLACION ZONE 18<br>Subdivision/Village Barangay<br>BAYBAY CITY LEYTE<br>City/Municipality Province                                    |
| 8. WEIGHT (kg)                | 70kg   | 19. TELEPHONE NO.   |  |
| 9. BLOOD TYPE                 |  | 20. MOBILE NU.  | 0933-524-0629  |
| 10. GSIS ID NO.               |  | 21. E-MAIL ADDRESS (if any)                                 | louisebasalo4gmail.com   |
| 11. PAG-IBIG ID NO.           | 121259775485   |   |  |
| 12. PHILHEALTH NO.            | 132503384799   |   |  |
| 13. SSS NO.                   |  |   |  |
| 14. TIN NO.                   | 000-000-000-0000   |   |  |
| 15. AGENCY EMPLOYEE NO.       |  |   |  |

II. FAMILY BACKGROUND

|                          |                          |                          |   |                            |
|--------------------------|--------------------------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME     |                          |                          | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME               | NAME EXTENSION (JR., SR) |                          |   |                            |
| MIDDLE NAME              |                          |                          |   |                            |
| OCCUPATION               |                          |                          |   |                            |
| EMPLOYER/BUSINESS NAME   |                          |                          |   |                            |
| BUSINESS ADDRESS         |                          |                          |   |                            |
| TELEPHONE NO.            |                          |                          |   |                            |
| 24. FATHER'S SURNAME     | DAJAO                    |                          |   |                            |
| FIRST NAME               | FRANCISCO                | NAME EXTENSION (JR., SR) |   |                            |
| MIDDLE NAME              | POLO                     |                          |   |                            |
| 25. MOTHER'S MAIDEN NAME |                          |                          |   |                            |
| SURNAME                  | BASALO                   |                          |   |                            |
| FIRST NAME               | MARIA LUISA              |                          |   |                            |
| MIDDLE NAME              | LELIS                    |                          | (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                | FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION | BASIC EDUCATION                               | 6/6/2005             | 3/19/2011 |  | 2011           |                                       |
| SECONDARY                 | FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION | BASIC EDUCATION                               | 6/6/2011             | 3/21/2015 |  | 2015           |                                       |
| VOCATIONAL / TRADE COURSE |   |   |                      |           |  |                |                                       |
| COLLEGE                   | UNIVERSITY OF SAN CARLOS                        | BACHELOR OF SCIENCE IN ACCOUNTING TECHNOLOGY  | 6/8/2015             | 5/24/2019 |  | 2019           |                                       |
| GRADUATE STUDIES          |   |   |                      |           |  |                |                                       |

(Continue on separate sheet if necessary)

|           |   |      |                |
|-----------|---|------|----------------|
| SIGNATURE |  | DATE | APRIL 08, 2021 |
|-----------|---|------|----------------|







## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

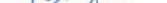
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]










(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

|           |   |      |                |
|-----------|---|------|----------------|
| SIGNATURE |  | DATE | April 08, 2021 |
|-----------|---|------|----------------|



| 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,<br>a. within the third degree?<br>b. within the fourth degree (for Local Government Unit - Career Employees)?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
|--|--|---|---|---|--|---|---------------------------------|-------------------------|-----------------------------|---------------|---------------------------|--------------------------|---------------|
| 35. a. Have you ever been found guilty of any administrative offense?<br><br>b. Have you been criminally charged before any court?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____<br>Date Filed: _____<br>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<br>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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, give details: <u>END OF TERM -&gt; PANDEMIC</u>   |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| 38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?<br><br>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<br>If YES, give details: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>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<br>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:<br>a. Are you a member of any indigenous group?<br>b. Are you a person with disability?<br>c. Are you a solo parent?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify ID No: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify ID No: _____ |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)   |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| <table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>MRS. LOUELLA C. ABIPAC</td><td>VISAYAS STATE UNIVERSITY-mc</td><td>0917-542-3297</td></tr><tr><td>MRS. RAQUEL H. DOHILYNG</td><td>VISAYAS STATE UNIVERSITY-mc</td><td>0917-310-8067</td></tr><tr><td>MRS. ABRILYN M. SAROMINES</td><td>BANILAD, CEBU CITY, CEBU</td><td>0939-379-4944</td></tr></tbody></table>  |  | NAME  | ADDRESS                                 | TEL. NO.  | MRS. LOUELLA C. ABIPAC   | VISAYAS STATE UNIVERSITY-mc   | 0917-542-3297                   | MRS. RAQUEL H. DOHILYNG | VISAYAS STATE UNIVERSITY-mc | 0917-310-8067 | MRS. ABRILYN M. SAROMINES | BANILAD, CEBU CITY, CEBU | 0939-379-4944 |
| NAME   | ADDRESS  | TEL. NO.  |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| MRS. LOUELLA C. ABIPAC   | VISAYAS STATE UNIVERSITY-mc  | 0917-542-3297   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| MRS. RAQUEL H. DOHILYNG  | VISAYAS STATE UNIVERSITY-mc  | 0917-310-8067   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| MRS. ABRILYN M. SAROMINES  | BANILAD, CEBU CITY, CEBU   | 0939-379-4944   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| 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.)<br/>PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PhilHealth</td></tr><tr><td>ID/License/Passport No.: 13-250338479-q</td></tr><tr><td>Date/Place of Issuance: BAYBAY CITY LEYTE</td></tr></table>  | Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)<br>PLEASE INDICATE ID Number and Date of Issuance  | Government Issued ID: PhilHealth  | ID/License/Passport No.: 13-250338479-q | Date/Place of Issuance: BAYBAY CITY LEYTE   | <table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>APRIL 08, 2021</td></tr><tr><td>Date Accomplished</td></tr></table> |  | Signature (Sign inside the box) | APRIL 08, 2021          | Date Accomplished           |               |                           |                          |               |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)<br>PLEASE INDICATE ID Number and Date of Issuance  |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| Government Issued ID: PhilHealth   |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| ID/License/Passport No.: 13-250338479-q  |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| Date/Place of Issuance: BAYBAY CITY LEYTE  |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
|   |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| Signature (Sign inside the box)  |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| APRIL 08, 2021   |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| Date Accomplished  |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| <table><tr><td></td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>  |  |  | PHOTO                                   |  | Right Thumbmark  |   |                                 |                         |                             |               |                           |                          |               |
|   |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| PHOTO  |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
|   |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| Right Thumbmark  |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.  |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| <table><tr><td>_____<br/>Person Administering Oath</td></tr></table>   |  | _____<br>Person Administering Oath  |   |   |  |   |                                 |                         |                             |               |                           |                          |               |
| _____<br>Person Administering Oath   |  |   |   |   |  |   |                                 |                         |                             |               |                           |                          |               |