

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	CASABA		
FIRST NAME	MARK		N/A
MIDDLE NAME	INOCEDA		
3. DATE OF BIRTH (mm/dd/yyyy)	01/14/1998	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	ANAHAWAN, SOUTHERN LEYTE	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	
7. HEIGHT (m)	1.73 m	ZIP CODE	House/Block/Lot No. Street N/A N/A Subdivision/Village Barangay N/A N/A City/Municipality Province
8. WEIGHT (kg)	60 kg		
9. BLOOD TYPE	O		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13251616414-3	18. PERMANENT ADDRESS	
13. SSS NO.	N/A	ZIP CODE	N/A PUROK 1 House/Block/Lot No. Street N/A AMAGUSAN Subdivision/Village Barangay ANAHAWAN SOUTHERN LEYTE City/Municipality Province
14. TIN NO.	768-559-479		6610
15. AGENCY EMPLOYEE NO.	N/A	19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09356250323
		21. E-MAIL ADDRESS (if any)	casabamark14@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	N/A	N/A	N/A
MIDDLE NAME	N/A		N/A	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	CASABA		N/A	N/A
FIRST NAME	MILLER	N/A	N/A	N/A
MIDDLE NAME	MAARAT		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	INOCEDA		N/A	N/A
FIRST NAME	MIRASOL		N/A	N/A
MIDDLE NAME	QUINTANA		(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	AMAGUSAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	06/04/2005	03/30/2011	N/A	2011	N/A
SECONDARY	SAINT ANTHONY HIGH SCHOOL	HIGH SCHOOL	06/09/2011	03/27/2015	N/A	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SAINT JOSEPH COLLEGE	BACHELOR OF ARTS IN PHILOSOPHY	06/06/2015	06/15/2020	N/A	2016	N/A
GRADUATE STUDIES	SAINT JOHN THE EVANGELIST SCHOOL OF THEOLOGY	MASTER OF PASTORAL MINISTRY	08/20/2020	06/04/2021	48 UNITS	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 13, 2022
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 13, 2022
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	ANAHAWAN COMMISSION ON YOUTH	01/12/2013	05/30/2015	N/A	PRESIDENT
	MAASIN SEMINARIAN ORGANIZATION	06/04/2016	PRESENT	N/A	MEMBER

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)

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
LECTURER	N/A	ANAHAWAN COMMISSION ON YOUTH
		MAASIN SEMINARIAN ORGANIZATION

SIGNATURE		DATE	JULY 13, 2022
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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)?

☐ YES
☐ YES

☒ NO
☒ NO

If YES, give details:

☐ YES
☒ NO

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

b. Have you been criminally charged before any court?

☐ YES
☐ YES

☒ NO
☒ NO

If YES, give details:

☒ NO

If YES, give details:
Date Filed:

☒ NO

Status of Case/s:

☒ NO

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:

☒ NO

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:

☒ NO

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
☐ YES

☒ NO
☒ NO

If YES, give details:

☒ NO

If YES, give details:

☒ NO

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

☐ YES

☒ NO

If YES, give details (country):

☒ NO

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?

☐ YES
☐ YES
☐ YES

☒ NO
☒ NO
☒ NO

If YES, please specify:

☒ NO

If YES, please specify ID No:

☒ NO


If YES, please specify ID No:

☒ NO

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


NAME	ADDRESS	TEL. NO.
NESTY AGUILAN	Baybay, Leyte	9171650440
ELIA MAURY C. JADINA	Baybay, Leyte	9261394164
CLE MARVEN P. BALAGA	Baybay, Leyte	9606559310


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.


MARK I. CASABA
PHOTO

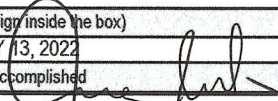
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PHILHEALTH
ID/License/Passport No.: 132516164143
Date/Place of Issuance: 10/20/2020/MAASIN CITY


Signature (Sign inside the box)
JULY 13, 2022
Date Accomplished


Right Thumbmark

SUBSCRIBED AND SWORN to before me this JUL 13 2022

ATTN: 
Person Administering Oath

Doc. No. 309
Page No. 61
Book No. 1411
Series of 29 W

NOTARIAL PUBLIC
R. MARCOS A. BALAGA
BAYBAY CITY, LEYTE
ATD NO. 132516164143-01/03/22
ISS. NO. 132516164143-01/03/22
EXPI. DATE 11-02-23
MCLE COMPLIANCE NO. VII-0008593

Mark I. Casaba
Baybay, Leyte
ATD NO. 132516164143-01/03/22
ISS. NO. 132516164143-01/03/22
EXPI. DATE 11-02-23
MCLE COMPLIANCE NO. VII-0008593