

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	ENDONG			
FIRST NAME	MARK MILLAN		NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	NUEVAS			
3. DATE OF BIRTH (mm/dd/yyyy)	10/07/1997	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	VIRAC, CATANDUANES	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:			
7. HEIGHT (m)	1.59	17. RESIDENTIAL ADDRESS	ZONE 4	
8. WEIGHT (kg)	83		House/Block/Lot No. Street	
9. BLOOD TYPE	NONE		LIWAYWAY	
10. GSIS ID NO.	NONE		Subdivision/Village Barangay	
11. PAG-IBIG ID NO.	121246168159		MACARTHUR LEYTE	
12. PHILHEALTH NO.	13-025526053-8	ZIP CODE	6509	
13. SSS NO.	06-4261701-3	18. PERMANENT ADDRESS	ZONE 4	
14. TIN NO.	379-118-877		House/Block/Lot No. Street	
15. AGENCY EMPLOYEE NO.	08-0006196		LIWAYWAY	
			Subdivision/Village Barangay	
			MACARTHUR LEYTE	
		ZIP CODE	6509	
19. TELEPHONE NO.	NONE			
20. MOBILE NO.	09292526710			
21. E-MAIL ADDRESS (if any)	endong.mark@gmail.com			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NONE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NONE	NAME EXTENSION (JR., SR) N/A	NONE	NONE
MIDDLE NAME	NONE			
OCCUPATION	NONE			
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	NONE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	ENDONG			
FIRST NAME	MELECIO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	OMAG			
25. MOTHER'S MAIDEN NAME				
SURNAME	NUEVAS			
FIRST NAME	MARY ANN			
MIDDLE NAME	MALTO		(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	MACARTHUR CENTRAL SCHOOL	ELEMENTARY	2004	2010	NONE	2010	WITH HONORS
SECONDARY	MACARTHUR NATIONAL HIGH SCHOOL	HIGH SCHOOL	2010	2014	NONE	2014	WITH HONORS
VOCATIONAL / TRADE COURSE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
COLLEGE	ASIAN DEVELOPMENT FOUNDATION COLLEGE	BACHELOR OF SCIENCE IN ACCOUNTANCY	2017	2020	NONE	2020	CHED, UCPB SCHOLAR
GRADUATE STUDIES	NONE	NONE	NONE	NONE	NONE	NONE	NONE

(Continue on separate sheet if necessary)

SIGNATURE		DATE	DECEMBER 11, 2024
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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)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
ADEPT KNOWLEDGE IN MS APPLICATIONS	NATIONAL CERTIFICATE IN BOOKKEEPING III	COMMUNITY MANAGED SAVINGS AND CREDIT ASSOCIATION
CRITICAL AND LOGICAL THINKER	LICENSED FINANCIAL ADVISOR	
PROFICIENT IN THE ENGLISH LANGUAGE		
INTERPERSONAL COMMUNICATION SKILLS		
KNOWLEDGE IN CANVA LAYOUTING AND DESIGN		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	DECEMBER 11, 2024
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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: 092925267101</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>													
	<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)		<div><div>ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)</div><div>Computer generated or photocopied picture is not acceptable</div></div> <div>PHOTO 2017</div> <div>Right Thumbmark</div>												
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>ELIZABETH M. SALAMANCA</td><td>CEBU CITY</td><td>09209609859</td></tr><tr><td>MARGIE C. MABITAD, CPA</td><td>TACLOBAN CITY</td><td>09457134241</td></tr><tr><td>RAYMUND S. ARANETA</td><td>PALO LEYTE</td><td>09209777594</td></tr></table>			NAME	ADDRESS	TEL. NO.	ELIZABETH M. SALAMANCA	CEBU CITY	09209609859	MARGIE C. MABITAD, CPA	TACLOBAN CITY	09457134241	RAYMUND S. ARANETA	PALO LEYTE	09209777594
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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.														
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <table><tr><td>Government Issued ID:</td><td>DRIVER'S LICENSE</td></tr><tr><td>ID/License/Passport No.:</td><td>H12-22-301174</td></tr><tr><td>Date/Place of Issuance:</td><td>BAYBAY CITY</td></tr></table>	Government Issued ID:	DRIVER'S LICENSE	ID/License/Passport No.:	H12-22-301174	Date/Place of Issuance:	BAYBAY CITY	<div><div>Signature</div><div>Signature (Sign inside the box)</div><div>DECEMBER 11, 2024</div><div>Date Accomplished</div></div>							
Government Issued ID:	DRIVER'S LICENSE													
ID/License/Passport No.:	H12-22-301174													
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div>Person Administering Oath</div>														