

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	AGREDA		
FIRST NAME	RUTH DIANNE	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	BACLOJAN		
3. DATE OF BIRTH (mm/dd/yyyy)	03/31/2001	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	MARIKINA CITY	If holder of dual citizenship, please indicate the details.	Philippines
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	House/Block/Lot No. Street KALAG-ITAN LAT-OSAN Subdivision/Village Barangay PALOMPON LEYTE City/Municipality Province
7. HEIGHT (m)	1.524	ZIP CODE	6538
8. WEIGHT (kg)	69		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	House/Block/Lot No. Street KALAG-ITAN LAT-OSAN Subdivision/Village Barangay PALOMPON LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6538
11. PAG-IBIG ID NO.	121327729116		
12. PHILHEALTH NO.	130229641149		
13. SSS NO.	06-4656603-4	19. TELEPHONE NO.	N/A
14. TIN NO.	373-565-434-000	20. MOBILE NO.	09664016309
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	agredaruthdianne@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	NAME EXTENSION (JR., SR)	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	AGREDA		N/A	N/A
FIRST NAME	ADRIAN	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	BOGADOR		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	BACLOJAN		N/A	N/A
FIRST NAME	RUTHIA		N/A	N/A
MIDDLE NAME	TAPALES		(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	Palompon South Central School	Basic Education	06/12/2005	04/24/2013	N/A	2013	WITH HONORS
SECONDARY	Doane Baptist School (JHS) Palompon Institute of Technology (SHS)	Accountancy, Business, and Management	06/01/2013	07/07/2019	N/A	2017; 2019	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Visayas State University	Bachelor of Science in Economics	09/05/2023	08/03/2023	N/A	2023	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)


SIGNATURE		DATE	October 19, 2023
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[illegible]

(Continue on separate sheet if necessary)

(Include private employment. Start from your recent work! Description of duties should be indicated in the attached Work Experience sheet.

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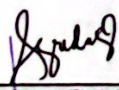
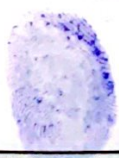
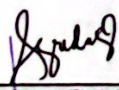
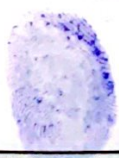
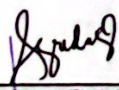
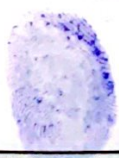
(Continue on separate sheet if necessary)				
SIGNATURE		DATE	OCTOBER 13, 2023	

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

OCTOBER 13, 2023

<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 type="checkbox"/> NO</p> <p>If YES, give details: _____</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>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>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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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>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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID 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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>IAN DAVE B. CUSTODIO</td> <td>ORMOC CITY, LEYTE</td> <td>09179565029</td> </tr> <tr> <td>ERNESTO F. BULAYOG</td> <td>BAYBAY CITY, LEYTE</td> <td>09981625091</td> </tr> <tr> <td>MA. JOYCE G. VITOR</td> <td>PALO, LEYTE</td> <td>09163835514</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	IAN DAVE B. CUSTODIO	ORMOC CITY, LEYTE	09179565029	ERNESTO F. BULAYOG	BAYBAY CITY, LEYTE	09981625091	MA. JOYCE G. VITOR	PALO, LEYTE	09163835514
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PHILHEALTH ID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>130229641149</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>09/06/2023</td> </tr> </table>	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	ID/License/Passport No.:	130229641149	Date/Place of Issuance:	09/06/2023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) 10/13/2023 Date Accomplished </td> <td style="text-align: center;">  Right Thumbmark </td> </tr> </table>	 Signature (Sign inside the box) 10/13/2023 Date Accomplished	 Right Thumbmark
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<p>SUBSCRIBED AND SWORN to before me this OCT 13 2023, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p>ATTY. WILLIE JR. I. DE GUZMAN PUBLIC ATTORNEY PURSUANT TO R.A. 9406 Person Administering Oath</p> </div>													