

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 (☐ Ind 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	BULAWAN		
FIRST NAME	LOVELY MAE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ESTOR		
3. DATE OF BIRTH (mm/dd/yyyy)	11/06/1997	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	BAYBAY 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	17. RESIDENTIAL ADDRESS	30 DE DICIEMBRE STREET <i>House/Block/Lot No.</i> <i>Street</i> POBLACION ZONE 23 <i>Subdivision/Village</i> <i>Barangay</i> BAYBAY CITY LEYTE <i>City/Municipality</i> <i>Province</i>
7. HEIGHT (m)	1.51	ZIP CODE	6521
8. WEIGHT (kg)	52	18. PERMANENT ADDRESS	30 DE DICIEMBRE STREET <i>House/Block/Lot No.</i> <i>Street</i> POBLACION ZONE 23 <i>Subdivision/Village</i> <i>Barangay</i> BAYBAY CITY LEYTE <i>City/Municipality</i> <i>Province</i>
9. BLOOD TYPE	O+	ZIP CODE	6521
10. GSIS ID NO.	2005462306	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	12123492541	20. MOBILE NO.	+639093234740
12. PHILHEALTH NO.	132503710009	21. E-MAIL ADDRESS (if any)	bulawanlovelymae@gmail.com
13. SSS NO.	N/A		
14. TIN NO.	350970027		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BULAWAN		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ARIEL	NAME EXTENSION (JR., SR)	AL KEEON E. BULAWAN	03/30/2022
MIDDLE NAME	REDUBLA			
OCCUPATION	POLICEMAN			
EMPLOYER/BUSINESS NAME	PHILIPPINE NATIONAL POLICE			
BUSINESS ADDRESS	CAMP CRAME, BAGONG LIPUNAN NG CRAME, QUEZON CITY			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ESTOR			
FIRST NAME	FRANCISCO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MARUMAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	JABINES			
FIRST NAME	VIRGINIA			
MIDDLE NAME	GUCELA		(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	BAYBAY I CENTRAL SCHOOL	ELEMENTARY	2004	2010	N/A	2010	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2010	2014	N/A	2014	1st HONORABLE MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION major in MATHEMATICS	2014	2018	N/A	2018	DOST/MAGNA CUM LAUDE
GRADUATE STUDIES	CEBU NORMAL UNIVERSITY	MASTER OF SCIENCE IN MATHEMATICS	2019	PRESENT	30	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 2, 2025
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[illegible]

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

[illegible]

<i>SIGNATURE</i>		<i>DATE</i>	June 2, 2025
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[illegible]

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

(Continue on separate sheet if necessary)

[illegible]

<i>SIGNATURE</i>		<i>DATE</i>	June 2, 2025
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<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>EUSEBIO R. LINA, JR.</td> <td>BAYBAY CITY, LEYTE</td> <td>9293697060</td> </tr> <tr> <td>IRISH C. SIDAYA</td> <td>BAYBAY CITY, LEYTE</td> <td>9224631719</td> </tr> <tr> <td>JOY ANN A. CAÑETE</td> <td>BAYBAY CITY, LEYTE</td> <td>9362912476</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	EUSEBIO R. LINA, JR.	BAYBAY CITY, LEYTE	9293697060	IRISH C. SIDAYA	BAYBAY CITY, LEYTE	9224631719	JOY ANN A. CAÑETE	BAYBAY CITY, LEYTE	9362912476
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JOY ANN A. CAÑETE	BAYBAY CITY, LEYTE	9362912476											
<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>													

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	
<i>PLEASE INDICATE ID Number and Date of Issuance</i>	
Government Issued ID: PHILHEALTH	
ID/License/Passport No.: 132503710009	
Date/Place of Issuance: 10/15/2018 / BAYBAY CITY, LEYTE	

Signature (Sign inside the box)
June 2, 2025
Date Accomplished

LOVELY MAE E. BULAWAN

Right Thumbmark

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

Person Administering Oath