

## 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	Oclinaria		
FIRST NAME	Ian Rovell	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Villacorte		
3. DATE OF BIRTH (mm/dd/yyyy)	7/20/1989	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 City, 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Ramon Magsaysay House/Block/Lot No. Street Poblacion Zone 17 Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	6521
8. WEIGHT (kg)	53		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	Ramon Magsaysay House/Block/Lot No. Street Poblacion Zone 17 Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.	1211-3795-8790		
12. PHILHEALTH NO.	1302-5208-2264	19. TELEPHONE NO.	
13. SSS NO.	06-35242408	20. MOBILE NO.	09091006359 / 09166001649
14. TIN NO.	277-338-488	21. E-MAIL ADDRESS (if any)	irvoclinaria@gmail.com
15. AGENCY EMPLOYEE NO.			

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Oclinaria	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Dina	Ian Rodan S. Oclinaria	9/4/2008
MIDDLE NAME	Septemo	Inah Pervel S. Oclinaria	11/28/2011
OCCUPATION	OFW	Inah Sofia Virgilia S. Oclinaria	3/23/2020
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	Oclinaria		
FIRST NAME	Roman		
MIDDLE NAME	Daming		
25. MOTHER'S MAIDEN NAME			
SURNAME	Villacorte		
FIRST NAME	Avelina		
MIDDLE NAME	Braga	(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					2002	
SECONDARY	Franciscan College of the Immaculate Conception					2006	
VOCATIONAL / TRADE COURSE							
COLLEGE	Franciscan College of the Immaculate Conception	Bachelor of Science in Information Technology				2012	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE

DATE

[illegible]

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

<i>SIGNATURE</i>		<i>DATE</i>	
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

[illegible][illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____												
	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ 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 type="checkbox"/> NO 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 type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____												
	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input type="checkbox"/> NO 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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.											
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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></td> </tr> <tr> <td style="padding: 2px;">Government Issued ID: _____</td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.: _____</td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance: _____</td> </tr> </table>	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: _____	ID/License/Passport No.: _____	Date/Place of Issuance: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 60px; vertical-align: bottom; padding: 2px;">Signature (Sign inside the box)</td> </tr> <tr> <td style="padding: 2px;">Date Accomplished _____</td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">             ID picture taken within the last 6 months              4.5 cm. X 3.5 cm              (passport size)           </div> <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;">             Computer generated or photocopied picture is not acceptable           </div> <div style="text-align: center; margin-top: 10px;">             PHOTO           </div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <div style="text-align: center; margin-top: 5px;">             Right Thumbmark           </div>					
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ID/License/Passport No.: _____													
Date/Place of Issuance: _____													
Signature (Sign inside the box)													
Date Accomplished _____													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div style="border: 1px solid black; width: 300px; height: 50px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 300px; height: 20px; margin: 5px auto; text-align: center;">             Person Administering Oath           </div>													