

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	ORCIA		
FIRST NAME	LOREMIE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	YAYONG		
3. DATE OF BIRTH (mm/dd/yyyy)	12/22/1997	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	MANINGCAO SIBULAN, NEGROS ORIENTAL	If holder of dual citizenship, please indicate the details.	Poland
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	M. MORAZA ST. House/Block/Lot No. Street POB. ZONE 13 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
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:	ZIP CODE	6521
7. HEIGHT (m)	1.55	18. PERMANENT ADDRESS	M. MORAZA ST. House/Block/Lot No. Street POB. ZONE 13 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
8. WEIGHT (kg)	57	ZIP CODE	6521
9. BLOOD TYPE	A+	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A	20. MOBILE NO.	09473973012
11. PAG-IBIG ID NO.	N/A	21. E-MAIL ADDRESS (if any)	orcialoremie@gmail.com
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A		
14. TIN NO.	610-875-352-00000		
15. AGENCY EMPLOYEE NO.	N/A		

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			
MIDDLE NAME		nothing follows	
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	ORCIA		
FIRST NAME	EMERITO		
MIDDLE NAME	EUZON		
25. MOTHER'S MAIDEN NAME	LORETA SALISAYO YAYONG		
SURNAME	YAYONG		
FIRST NAME	LORETA		
MIDDLE NAME	SALISAYO		

(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	MANINGCAO ELEMENTARY SCHOOL MANINGCAO, SIBULAN, NEGROS ORIENTAL	PRIMARY EDUCATION	6/1/2007	3/31/2013	GRADUATED	2013	N/A
SECONDARY	BAYBAY II ALS CENTER, BAYBAY CITY LEYTE	HIGH SCHOOL	6/1/2018	7/9/2019	GRADUATED	2019	N/A
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY, BAYBAY CITY LEYTE	BACHELOR OF SECONDARY EDUCATION MAJOR IN FILIPINO	8/1/2019	8/3/2023	COMPLETED	2023	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE


DATE

7/11/2024

[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	7/11/2024
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LeDante

7/11/2024

[illegible]

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)
SINGING	N/A	N/A
READING		
COMPUTER SAVVY		

(Continue on separate sheet if necessary)

DATE _____

7/11/2024

<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 checked="" 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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <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>	<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> <hr/> <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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <hr/> <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: 35%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 25%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>VIRGINIA A. CASTRO</td> <td>ZONE 13, M.MORAZA ST. BAYBAY CITY LEYTE</td> <td>09553965184</td> </tr> <tr> <td>MARIAN M. CASTRO</td> <td>DEPED BAYBAY 1 CENTRAL SCHOOL</td> <td>09555470203</td> </tr> <tr> <td>RIZALINA D. TRUYA</td> <td>CANDADAM, BAYBAY CITY LEYTE</td> <td>N/A</td> </tr> </tbody> </table>			NAME	ADDRESS	TEL. NO.	VIRGINIA A. CASTRO	ZONE 13, M.MORAZA ST. BAYBAY CITY LEYTE	09553965184	MARIAN M. CASTRO	DEPED BAYBAY 1 CENTRAL SCHOOL	09555470203	RIZALINA D. TRUYA	CANDADAM, BAYBAY CITY LEYTE	N/A	
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RIZALINA D. TRUYA	CANDADAM, BAYBAY CITY LEYTE	N/A													
<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>															
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government issued ID: NATIONAL ID</p> <p>ID/License/Passport No.: 3407-4659-3629-6810</p> <p>Date/Place of Issuance: 7/21/2022 BAYBAY CITY</p>	 Signature (Sign inside the box) 7/17/2024 Date Accomplished	 Right Thumbmark													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; height: 60px; width: 300px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>															