

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 () ☐ 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	DULCE		
FIRST NAME	MARIA VENUS	NAME EXTENSION (JR., SR)	
MIDDLE NAME	OLAN-OLAN		
3. DATE OF BIRTH (mm/dd/yyyy)	3/6/1999	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	ORMOC CITY, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	BLK. 19 LOT 22 N/A House/Block/Lot No. Street VILLA THRESA HEIGHTS SAN ISIDRO Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
7. HEIGHT (m)	151cm	ZIP CODE	6541
8. WEIGHT (kg)	45		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	BLK. 19 LOT 22 N/A House/Block/Lot No. Street VILLA THRESA HEIGHTS SAN ISIDRO Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6541
11. PAG-IBIG ID NO.	1212-8785-1358		
12. PHILHEALTH NO.	13-025550189-6		
13. SSS NO.	34-9298205-0	19. TELEPHONE NO.	N/A
14. TIN NO.	369-726-694-00000	20. MOBILE NO.	09926238618
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	venus.dulce@vsu.edu.ph

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	DULCE		N/A	N/A
FIRST NAME	ROGELIO	N/A	N/A	N/A
MIDDLE NAME	CALLOSA		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	OLAN-OLAN		N/A	N/A
FIRST NAME	JENIFER		N/A	N/A
MIDDLE NAME	GERUNDIO		(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	COGON ELEMENTARY SCHOOL	PRIMARY EDUCATION	2005	2011	N/A	2011	N/A
SECONDARY	WESTERN LEYTE COLLEGE	HIGH SCHOOL	2011	2015	N/A	2015	N/A

VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN MAPEH	2015	2019	N/A	2019	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MED- PE 2	2023	2025	N/A	N/A	N/A
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		June 27, 2025		

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

	N/A
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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)

SIGNATURE		DATE	June 27, 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>	<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> <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>ROXY BANDEJO</td> <td>ORMOC CITY</td> <td>9989824823</td> </tr> <tr> <td>FRANZ MARTIN SOMBILON CALLANO</td> <td>ORMOC CITY</td> <td>9498642277</td> </tr> <tr> <td>EDILBERTO, ARTIGA JR.</td> <td>BAYBAY CITY</td> <td>09383644332</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	ROXY BANDEJO	ORMOC CITY	9989824823	FRANZ MARTIN SOMBILON CALLANO	ORMOC CITY	9498642277	EDILBERTO, ARTIGA JR.	BAYBAY CITY	09383644332		
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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>															
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