

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	TERO		
FIRST NAME	ANDREA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ALIDON		
3. DATE OF BIRTH (mm/dd/yyyy)	10/29/1999	16. CITIZENSHIP	<input type="checkbox"/> Filipino <input 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	LLC, CEBU	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male FEMALE <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single 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 POBLACION Subdivision/Village Barangay MERIDA LEYTE City/Municipality Province ZIP CODE 6540
7. HEIGHT (m)	1.57	18. PERMANENT ADDRESS	House/Block/Lot No. Street POBLACION Subdivision/Village Barangay MERIDA LEYTE City/Municipality Province ZIP CODE 6540
8. WEIGHT (kg)	97		
9. BLOOD TYPE	N/A		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.			
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09451194846
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	dreeytero29@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		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	TERO			
FIRST NAME	RODERICK	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GO			
25. MOTHER'S MAIDEN NAME				
SURNAME	ALIDON			
FIRST NAME	ANALOTES			
MIDDLE NAME	PETALCORIN		(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	MERIDA CENTRAL SCHOOL		9/2/2010	4/2/2012		2012	TOP 8
SECONDARY	ORMOC CITY SENIOR HIGH SCHOOL	SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS	6/8/2016	4/8/2018		2018	WITH HONORS
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY -BAYBAY	BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS	8/1/2018	8/12/2022		2022	CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	<i>A. Tero</i>	DATE	September 2, 2022
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[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.

63	INCLUSIVE DATES				SALARY/ JOB/PAY		
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[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	

<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 type="checkbox"/> NO </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input 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 type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input 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 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 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 type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input 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 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 type="checkbox"/> NO </div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input 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 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: 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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.													<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)</p> <p>Computer generated or photocopied picture is not acceptable</p> </div> <p style="text-align: center;">PHOTO</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div> <p style="text-align: center;">Right Thumbmark</p>
NAME	ADDRESS	TEL. NO.															
<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 style="width: 30%; padding: 5px;"> <p>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: _____</p> <p>ID/License/Passport No.: _____</p> <p>Date/Place of Issuance: _____</p> </td> <td style="width: 70%; padding: 5px;"> <div style="border: 1px solid black; height: 100px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Signature (Sign inside the box)</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Date Accomplished</div> </td> </tr> </table>	<p>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: _____</p> <p>ID/License/Passport No.: _____</p> <p>Date/Place of Issuance: _____</p>	<div style="border: 1px solid black; height: 100px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Signature (Sign inside the box)</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Date Accomplished</div>														
<p>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: _____</p> <p>ID/License/Passport No.: _____</p> <p>Date/Place of Issuance: _____</p>	<div style="border: 1px solid black; height: 100px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Signature (Sign inside the box)</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Date Accomplished</div>																
<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: 50px; width: 300px; margin: 10px auto;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 200px; margin: 0 auto;">Person Administering Oath</div>																	