

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	CALVEZ		
FIRST NAME	GRACE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PIAMONTE		
3. DATE OF BIRTH (mm/dd/yyyy)	2/12/1977	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	BRGY. GABAS BAYBAY 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	PUROK 2 House/Block/Lot No. Street BRGY. GABAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	4'11"	ZIP CODE	6521
8. WEIGHT (kg)	52	18. PERMANENT ADDRESS	PUROK 2 House/Block/Lot No. Street BRGY. GABAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
9. BLOOD TYPE	B	ZIP CODE	6521
10. GSIS ID NO.	-	19. TELEPHONE NO.	(053)563-1189
11. PAG-IBIG ID NO.	-	20. MOBILE NO.	09268324350
12. PHILHEALTH NO.	08-050085452-2	21. E-MAIL ADDRESS (if any)	rael_gian@yahoo.com
13. SSS NO.	06-2021939-4		
14. TIN NO.	915-009-595		
15. AGENCY EMPLOYEE NO.	-		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CALVEZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RAFFY	NAME EXTENSION (JR., SR)	RAEL ALGUIEN P. CALVEZ	1/19/2002
MIDDLE NAME	OMEGA		GIAN CARLO P. CALVEZ	2/20/2005
OCCUPATION	OVERSEAS WORKER		CIELO MARI P. CALVEZ	11/28/2086
EMPLOYER/BUSINESS NAME	OCEANIA DAIRY LIMITED			
BUSINESS ADDRESS	TIMARU, NEW ZEALAND			
TELEPHONE NO.	-			
24. FATHER'S SURNAME	PIAMONTE			
FIRST NAME	ROMEO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LATRAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	MODINA			
FIRST NAME	NANCY			
MIDDLE NAME	BALOTITE			

(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	GABAS ELEMENTARY SCHOOL	PRIMARY EDUCATION	1983	1989		1989	SECOND HONORABLE
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	1989	1993		1993	NONE
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BACHELOR OF SCIENCE IN AGRICULTURAL CHEMISTRY	1993	1997		1997	NONE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF EDUCATION	2012	2015		2015	NONE

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4-16-2021
-----------	--	------	-----------

[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]

SIGNATURE	<i>g. alvarez</i>	DATE	4-16-2021
-----------	-------------------	------	-----------

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	NONE				

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/ TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	FINISHING COURSE FOR CALL CENTER TRAINING	1/05/2009	30/06/2009	100.0		Japan School of Advance Technology
	EFFECTIVE COMMUNICATION SKILLS	27/06/2006	30/06/2006	16.0		RRS Management System Consulting Inc.
	TRAINING THE TRAINORS SEMINAR AND WORKSHOP	12/07/2005	14/07/2005	24.0		PHCP INC.
	ISO ENVIRONMENTAL MANAGEMENT STANDARD	7/01/2004	8/01/2004	16.0		RRS Management System Consulting Inc.

(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)
	FLEXIBLE TO DIFFERENT SITUATIONS		LEADERSHIP AWARD		NONE
	COMPUTER LITERATE				
	GARDENING				
	DANCING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4 - 16 - 2021
-----------	---	------	---------------

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? ☐ YES ☒ NO

b. within the fourth degree (for Local Government Unit - Career Employees)? ☐ YES ☒ NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense? ☐ YES ☒ NO

If YES, give details: _____

b. Have you been criminally charged before any court? ☐ YES ☒ 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? ☐ YES ☒ 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? ☐ YES ☒ 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)? ☐ YES ☒ NO

If YES, give details: _____

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? ☐ YES ☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country? _____

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? ☐ YES ☒ NO

If YES, please specify: _____

b. Are you a person with disability? ☐ YES ☒ NO

If YES, please specify ID No: _____

c. Are you a solo parent? _____

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
DR. ELIZABETH S. QUEVEDO	VSU, BAYBAY CITY, LEYTE	563-7747
PROF. JACOB GLENN F. JANSALIN	VSU, BAYBAY CITY, LEYTE	09178956285
MS. HELEN GRACE F. ORACION	VSU, BAYBAY CITY, LEYTE	9091013905

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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: 06-2021939-4

ID/License/Passport No.: H12-11-002046

Date/Place of Issuance: 2/3/2017 - BAYBAY CITY LEYTE

Signature (Sign inside the box)

9-16-2021

Date Accomplished



Right Thumbmark

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

Person Administering Oath