

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	YEPES		
FIRST NAME	GIDEON	NAME EXTENSION (JR., SR)	
MIDDLE NAME	RELENTE		
3. DATE OF BIRTH (mm/dd/yyyy)	11/03/2001	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	BURAUEN, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	STA. ANA STREET EXTENSION House/Block/Lot No. Street MILAGROSA SUBDIVISION POBLACION DISTRICT 4 Subdivision/Village Barangay BURAUEN LEYTE City/Municipality Province
7. HEIGHT (m)	1.68	ZIP CODE	6516
8. WEIGHT (kg)	75 KLS.		
9. BLOOD TYPE	A+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121333606033	18. PERMANENT ADDRESS	STA. ANA STREET EXTENSION House/Block/Lot No. Street MILAGROSA SUBDIVISION POBLACION DISTRICT 4 Subdivision/Village Barangay BURAUEN LEYTE City/Municipality Province
12. PHILHEALTH NO.	13-251919830-8	ZIP CODE	6516
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	635-246-794-00000	20. MOBILE NO.	09151940902 / 09214100027
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	yepesgideon@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	N/A	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	YEPES			
FIRST NAME	GIDEON	NAME EXTENSION (JR., SR)		
MIDDLE NAME	AGUIRRE			
25. MOTHER'S MAIDEN NAME				
SURNAME	RELENTE			
FIRST NAME	AMELIA			
MIDDLE NAME	YPIL		(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	BURAUEN NORTH CENTRAL SCHOOL	ELEMENTARY	2007	2013		2013	5TH HONORABLE MENTION
SECONDARY	BURAUEN COMPREHENSIVE NATIONAL HIGH SCHOOL	SENIOR HIGH SCHOOL	2013	2019		2019	WITH HIGH HONORS (CLASS SALUTATORIAN)
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY BAYBAY CAMPUS	BS BIOLOGY MAJOR IN ZOOLOGY	2019	2023		2023	MAGNA CUM LAUDE/DOST-SEI SCHOLARSHIP
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

(Continue on separate sheet if necessary)


SIGNATURE		DATE	January 12, 2024
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[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		DATE	January 12, 2024
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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			
#ProjectSAVEME, VISCA BAYBAY CITY LEYTE	08/14/2019	03/16/2020	4HRS/WEEK	MEMBER / MANGROVE PLANTING AND RESTORATION	
DONATION DRIVE FOR VICTIMS OF TYPHOON ODETTE, BURAUEN LEYTE	12/18/2021	12/22/2021	40 HRS	VOLUNTEER / DISASTER REHABILITATION AND RECOVERY	
(Continue on separate sheet if necessary)					
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
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			
BASIC TECHNIQUES ON MOLECULAR DATA PROCESSING AND ANALYSIS	08/30/2023	08/30/2023	8 HRS	PARTICIPANT	DR. JUSTINE BENNETTE H. MILLADO, PhD
MEDICAL LABORATORY INTERNSHIP - CLINICAL LABORATORY DEPARTMENT	07/27/2022	07/31/2022	40 HRS	LAB INTERN	WESTERN LEYTE PROVINCIAL HOSPITAL
WILDLIFE ASSESSMENT AND MONITORING / BIRD WATCHING	07/25/2022	07/26/2022	16 HRS	PARTICIPANT	DEPARTMENT OF FOREST SCIENCE
TRAINING ON MALACOFANAL COLLECTION AND PROCESSING	08/01/2022	08/02/2022	16 HRS	PARTICIPANT	FRETZEL JANE O. POGADO, MSc
TRAINING ON HERPETOFAUNAL PROCESSING	08/03/2022	08/04/2022	16 HRS	PARTICIPANT	RIS MENOEL R. MODINA, MSc
CYTOGENETICS / KARYOTYPING ANALYSIS TRAINING	07/18/2022	07/22/2022	40 HRS	PARTICIPANT	DR. DARIUS NOEL C. MIÑOZA, PhD
TRAINING ON REBOTTLING OF PRESERVED SPECIMENS	07/14/2022	07/15/2022	16 HRS	PARTICIPANT	DEPARTMENT OF BIOLOGICAL SCIENCES
ON-THE-JOB TRAINING FOR 4TH YEAR BS BIO STUDENTS	07/11/2022	08/23/2022	150 HRS	INTERN	DEPARTMENT OF BIOLOGICAL SCIENCES
(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)	
COMPUTER PROFICIENCY AND LITERACY	N/A			SINAG- THE OFFICIAL PUBLICATION OF THE ASSEMBLIES OF THE LORD JESUS CHRIST,	
EFFECTIVE VERBAL AND WRITTEN COMMUNICATION SKILLS				THE DOVE- BCNH'S OFFICIAL CAMPUS PUBLICATION	
ORGANIZATIONAL AND PLANNING SKILLS				#ProjectSAVEME	
DIGITAL LAYOUTING AND GRAPHIC DESIGNING					
CREATIVE AND FORMAL WRITING					
PLAYING MUSICAL INSTRUMENTS					
SPORTS (BADMINTON, VOLLEYBALL, SWIMMING, CHESS,)					
(Continue on separate sheet if necessary)					
SIGNATURE				DATE	January 12, 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>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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. ANALYN M. MAZO</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td>N/A</td> </tr> <tr> <td>DR. DARIUS NOEL C. MIÑOZA</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td>(+63) 929-802-2017</td> </tr> <tr> <td>DR. JUSTINE BENNETTE H. MILLADO</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td>(+63) 921-572-5222</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. ANALYN M. MAZO	VISCA, BAYBAY CITY, LEYTE	N/A	DR. DARIUS NOEL C. MIÑOZA	VISCA, BAYBAY CITY, LEYTE	(+63) 929-802-2017	DR. JUSTINE BENNETTE H. MILLADO	VISCA, BAYBAY CITY, LEYTE	(+63) 921-572-5222			
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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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<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; width: 300px; height: 60px; margin: 10px auto;"></div> <div style="text-align: center; margin-top: 5px;">Person Administering Oath</div>																