

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	SABIDALAS		
FIRST NAME	SUNSHINE	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	TRIBUJENIA		
3. DATE OF BIRTH (mm/dd/yyyy)	05/27/1995	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	ORMOC CITY	If holder of dual citizenship, please indicate the details.	Philippines
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	House/Block/Lot No. _____ Street _____ GABAS Subdivision/Village _____ Barangay _____ BAYBAY LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.58	ZIP CODE	6521
8. WEIGHT (kg)	58		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ GABAS Subdivision/Village _____ Barangay _____ BAYBAY CITY LEYTE City/Municipality _____ Province _____
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	1211-7272-3281		
12. PHILHEALTH NO.	13-025274070-9	19. TELEPHONE NO.	N/A
13. SSS NO.	06-3844208-5	20. MOBILE NO.	09396348293/09274339747
14. TIN NO.	328-678-132-00000	21. E-MAIL ADDRESS (if any)	sunshine.sabidalas@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	22-034		

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	N/A	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	SABIDALAS		
FIRST NAME	SIGMUND	SR	
MIDDLE NAME	SIMPINO		
25. MOTHER'S MAIDEN NAME			
SURNAME	TRIBUJENIA		
FIRST NAME	SUSANITA		
MIDDLE NAME	TAÑO		

(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	KALIBO PILOT ELEMENTARY SCHOOL KALIBO AKLAN	ELEMENTARY EDUCATION	6/1/2002	3/30/2008	GRADUATED	2008	N/A
SECONDARY	IPII NATIONAL HIGH SCHOOL ORMOC CITY	SECONDARY EDUCATION	6/1/2008	3/29/2012	GRADUATED	2013	N/A
VOCATIONAL / TRADE COURSE	SHARING COMPUTER ACCES LOCALLY ABROAD	INFORMATION TECHNOLOGY	6/18/2012	1/4/2013	GRADUATED	2013	N/A
COLLEGE	VISAYAS STATE UNIVERSITY BAYBAY CITY LEYTE	BACHELOR OF SCIENCE IN DEVELOPMENT EDUCATION MAJOR IN AGRICULTURAL EXTENSION	6/1/2013	10/6/2020	GRADUATED	2020	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE	08/29/25
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE	G	DATE	08/29/25
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[illegible]

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

(Continue on separate sheet if necessary)

31	SPECIAL SKILLS AND HOBBIES	32	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	PRESIDENT OF NATIONAL RESIDENT COUNCIL		YOUNG EXECUTIVE AWARD / MOST DISTINGUISHED RESIDENT MEMBER AWARD		GAMMA EPSILON INTERNATIONAL
	VIDEO EDITING		BEST IN VIDEOGRAPHY		PHILIPPINE CARABAO CENTER
	BROADCASTING		BEST IN WEBINAR FACILITATION		PHILIPPINE CARABAO CENTER
	COMPUTER LITERATE				
	SINGING				

SIGNATURE	SP	DATE	08/29/25
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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> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: center;">Finished contract and end of the project</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>LISA S. GO</td> <td>CHIEF INVESTMENT SPECIALIST INVESTMENT PROMOTION OFFICE</td> <td>9175121234</td> </tr> <tr> <td>DR. SHERLITA A. PALMA</td> <td>SCHOOLS DIVISION SUPERINTENDENT DEPED TACLOBAN DIVISION</td> <td>9158278311</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	LISA S. GO	CHIEF INVESTMENT SPECIALIST INVESTMENT PROMOTION OFFICE	9175121234	DR. SHERLITA A. PALMA	SCHOOLS DIVISION SUPERINTENDENT DEPED TACLOBAN DIVISION	9158278311			
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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: 200px; height: 50px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													