

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 FIRST NAME MIDDLE NAME	ARPOCEPLE		
	ROBERTO		NAME EXTENSION (JR., SR)
	SANCHEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	09/14/1977	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	Baybay, Leyte		Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input 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 ZIP CODE	House/Block/Lot No. Street
			Subdivision/Village Barangay
7. HEIGHT (m)	1.6002		Baybay City Leyte
8. WEIGHT (kg)	75		City/Municipality Province
9. BLOOD TYPE	B		
10. GSIS ID NO.	N/A	18. PERMANENT ADDRESS ZIP CODE	House/Block/Lot No. Street
11. PAG-IBIG ID NO.	121-0313-2152		Subdivision/Village Barangay
12. PHILHEALTH NO.	13-200733388-2		Baybay City Leyte
			City/Municipality Province
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	930-232-641	20. MOBILE NO.	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	ARPOCEPLE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)		
	ELVIRA	NAME EXTENSION (JR., SR)			ROMMEL C. ARPOCEPLE	09/23/2001
	COSARE				AILYN C. ARPOCEPLE	09/20/2000
OCCUPATION	Housewife					
EMPLOYER/BUSINESS NAME	N/A					
BUSINESS ADDRESS	N/A					
TELEPHONE NO.	N/A					
24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	ARPOCEPLE					
	LEBRADO	NAME EXTENSION (JR., SR)				
	GALO					
25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	SANCHEZ					
	PASTORA					
	GARMA		(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	GUADALUPE ALS CENTER	N/A	N/A	N/A	COMPLETER	2024	N/A
SECONDARY	GUADALUPE ALS CENTER	N/A	N/A	N/A	COMPLETER	2025	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	NA/	N/A	N/A
COLLEGE	N/A	N/A	N/A	N/A	N/A	N/A	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	06/18/2025
-----------	---	------	------------

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		
	N/A				

(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			
	User's Training of Fluke 1625-2 KIT, Fluke 1630-2, Fluke-ii910, Fluke-1777, Fluke-Tis60+9Hz, Fluke-2042 and Fluke-Ti480 PRO	06/28/2024	06/29/2024	16 hrs	Participant	Visayas State University
	Proper Operation, Maintenance and Application of the Mantall Articulating Boom Lift model HZ160J	03/22/2024	03/22/2024	8 hrs	Participant	Wilan Merchandising Phils., Inc.
	Hands-only Cardiopulmonary Resuscitation	07/21/2022	07/22/2022	16 hrs	Participant	Visayas State University
	Seminar Workshop on Public Accountabilty, Customer Service & PMS-OPES for GSD Staff	01/19/2010	01/19/2010	8 hrs	Participant	Visayas State University



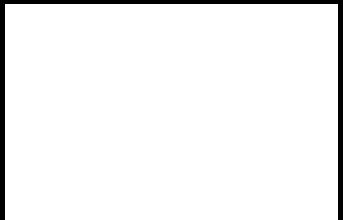
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Driving		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/18/2025
-----------	---	------	------------

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? b. within the fourth degree (for Local Government Unit - Career Employees)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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? b. Are you a person with disability? c. Are you a solo parent?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>ENGR. ERIC E. SAJULGA</td><td>Visca, Baybay City, Leyte</td><td>N/A</td></tr><tr><td>ENGR. MARLON G. BURLAS</td><td>Visca, Baybay City, Leyte</td><td>N/A</td></tr><tr><td>MR. ALEXANDER A. ABUNGAN</td><td>Brgy. Guadalupe, Baybay City, Leyte</td><td>N/A</td></tr></table>			NAME	ADDRESS	TEL. NO.	ENGR. ERIC E. SAJULGA	Visca, Baybay City, Leyte	N/A	ENGR. MARLON G. BURLAS	Visca, Baybay City, Leyte	N/A	MR. ALEXANDER A. ABUNGAN	Brgy. Guadalupe, Baybay City, Leyte	N/A
NAME	ADDRESS	TEL. NO.												
ENGR. ERIC E. SAJULGA	Visca, Baybay City, Leyte	N/A												
ENGR. MARLON G. BURLAS	Visca, Baybay City, Leyte	N/A												
MR. ALEXANDER A. ABUNGAN	Brgy. Guadalupe, Baybay City, Leyte	N/A												
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.														
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: Driver's License</div> <div>ID/License/Passport No.: N12-12-002077</div> <div>Date/Place of Issuance: Baybay City, Leyte</div>	<div></div> <div>Signature (Sign inside the box) 06/18/2025 Date Accomplished</div>	<div></div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</div>												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div></div> <div>Person Administering Oath</div>														