

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	GAOT
FIRST NAME	DONNA MAE
MIDDLE NAME	INDIO
3. DATE OF BIRTH (mm/dd/yyyy)	11/17/1997
4. PLACE OF BIRTH	STA. MESA, MANILA
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:
7. HEIGHT (m)	1.42
8. WEIGHT (kg)	50
9. BLOOD TYPE	O
10. GSIS ID NO.	N/A
11. PAG-IBIG ID NO.	N/A
12. PHILHEALTH NO.	N/A
13. SSS NO.	N/A
14. TIN NO.	N/A
15. AGENCY EMPLOYEE NO.	N/A
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:
17. RESIDENTIAL ADDRESS	House/Block/Lot No. DON GUILLERMO Street Subdivision/Village CANRAMOS Barangay City/Municipality TAYAWAN Province LEYTE
18. PERMANENT ADDRESS	House/Block/Lot No. DON GUILLERMO Street Subdivision/Village CANRAMOS Barangay City/Municipality TAYAWAN Province LEYTE
19. TELEPHONE NO.	N/A
20. MOBILE NO.	09063195444
21. E-MAIL ADDRESS (if any)	iloveidonna@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.)	
MIDDLE NAME	N/A	OZELLA GAOT	12/27/2019
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	GAOT		
FIRST NAME	DIOSCORO		
MIDDLE NAME	GERILLA		
25. MOTHER'S MAIDEN NAME	INDIO		
SURNAME	INDIO		
FIRST NAME	MARILYN		
MIDDLE NAME	MONTE		

(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	TANAWAN II CENTRAL SCHOOL		2004	2010		2010	SECOND HONOR
SECONDARY	THE SISTERS OF MARY SCHOOL		2010	2013		2013	N/A
VOCATIONAL / TRADE COURSE	N/A		N/A	N/A		N/A	N/A
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	2015	2019		2019	CUM LAUDE
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)

SIGNATURE	GAOT	DATE	07/06/2020
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[illegible]



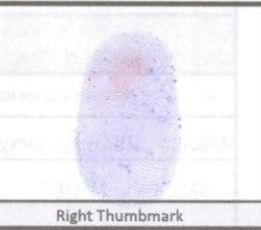
V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>Grant</i>	DATE	01/04/2020
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20.2CY.0000533.8

34. Are you related by consanguinity or affinity to the appointing or recommending authority, chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____									
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)? 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____									
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: <u>N/A</u>									
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)										
<table border="1"><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>MATILDE MACAWILE</td><td>TACLOBAN CITY</td><td>09171007580</td></tr><tr><td>KRISTAL MAE CADANIS</td><td>TACLOBAN CITY</td><td>09126822546</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	MATILDE MACAWILE	TACLOBAN CITY	09171007580	KRISTAL MAE CADANIS	TACLOBAN CITY	09126822546
NAME	ADDRESS	TEL. NO.								
MATILDE MACAWILE	TACLOBAN CITY	09171007580								
KRISTAL MAE CADANIS	TACLOBAN CITY	09126822546								
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 GOVERNMENT ISSUED ID: PRC ID ID/License/Passport No: 806946 Date/Place of Issuance: 12/17/2011 / TACLOBAN CITY</div>	<div> Signature (Sign inside the box) 09/04/2020 Date accomplished</div>									
<div> SUBSCRIBED AND SWORN to before me this <u>SEP 07 2020</u>, affiant exhibiting his/her validly issued government ID as indicated above.</div>	<div> Right Thumbmark</div>									
<div>DOC. NO. <u>447</u> PAGE NO. <u>91</u> BOOK NO. <u>11</u> SERIES OF <u>2020</u></div>	<div>Atty. GIL D. MENGUITO Notary Public Until 12/31/2020 MCLE No. 0000046 Roll No. 70764 IBP No. 10883-1/9/20-Leyte Person Administering Oath PTR No. 3862981/9/20-Pano, Leyte MCLE Compliance No. VI-0014934 Tanauan, Leyte</div>									