evised 2017	PERSO	NAL DAT	A SH	EE.	T				
ARNING: Any misrepresenta	tion made in the Personal Data Sheet and the	Work Experience Sheet s	hall cause the	filing of adn	ministrative	/criminal case/s a	gainst the pe	or CSC use only	
EAD THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCO	MPLISHING TH	IE PDS FOR	1. CS ID No.		(Do not im op		
PERSONAL INFORMATIO	( ) and use separate sheet if necessary. Indicate N	I/A if not applicable. DO NOT	ABBREAINTE					- Teller	
SURNAME	PASTRANA					NAME EXTENSION (JR	N/A		
FIRST NAME							MI		
MIDDLE NAME	CINDY	1							
3. DATE OF BIRTH	CANETE	5.000 Section 1	· ·	Z Filio	ino [	Dual Citizenship	□ by natura	ization	
(mm/dd/yyyy)	06/03/2002	16. CITIZENSHIP	Pts. indicate			ountry:	7,00		
4. PLACE OF BIRTH	ORMOC CITY, LEYTE	If holder of dual citize							
5. SEX	☐ Male	please indicate the o		-14 A	OAFI		Street		
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS	LOT 15 9	se/Block/Lot N	0.	TA	TAMBULLLO		
	☐ Widowed ☐ Separated ☐ Other/s:		Subdivision/Village OR MOC CITY			Barangay  LEYTE  Province			
7. HEIGHT (m)	1.63 m		C	ity/Municipality			ar Iral 10 a	100 10 40	
8. WEIGHT (kg)	45 Kg	ZIP CODE		211.4	RAPI	F.50	Direct		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	LOT 159	, BLK 4, se/Block/Lot No	0.	Street TAMBULLIO			
10. GSIS ID NO.	N/A		Sut	bdivision/Village	)		Barangay LEYTE		
			ORN	OC CITY ty/Municipality			Province		
11. PAG-IBIG ID NO.	1213 47082838	ZIP CODE	6541	(yrindinoposs)					
12. PHILHEALTH NO.	02-252662156-9		N/A	Laker					
13. SSS NO.	06-4760953-4	19. TELEPHONE NO.	<u> </u>	=10-	2024				
14. TIN NO.	645-694-873-00000	20. MOBILE NO.	0912 - 518 - 8034  pastranacindy 143 @gmail.com						
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	pastrai	na cinay i	43 @ 0"	7417 - 60-11			
I. FAMILY BACKGROUND			los vivir et CII	I DOEN ANdre	full name and	(ist all)	DATE OF BIRT	H (mm/dd/yyyy)	
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write full name and list all)			, act say			
FIRST NAME			1 2 2 1 1 2 1 2	N/	<u> </u>				
MIDDLE NAME									
OCCUPATION		The Expression of the	E						
EMPLOYER/BUSINESS NAME			1267-127-5		Completed of the Complete of t				
BUSINESS ADDRESS								1/6	
TELEPHONE NO.									
1. FATHER'S SURNAME	PASTRANA	NAME EXTENSION (JR., SR)					C. M. S. C. G.		
FIRST NAME	GERARDO	N/A							
MIDDLE NAME	ASTILLERO					1			
MOTHER'S MAIDEN NAME									
SURNAME	CAÑETE								
FIRST NAME	MAURA				and the second second				
MIDDLE NAME	AMOYLIN		160	(Co	ontinue on se	parate sheet if neces	sary)		
. EDUCATIONAL BACKGR	ROUND							SCHOLARSHIP/	
S. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	ORMOC KINDERLAND INCORPORATED	elementary		2008	2014		2014	PROPICIEN'	
SECONDARY	NEW DOMOC CITY NATIONAL HIGHIGHOOL JUNIOR HIGHIGHOL			2014	5050		2020	HONDR	
VOCATIONAL /	ACLC COOLEGE OF ORMOC	N/A		2018		A/N	4/4	no port	
COLLEGE COURSE	WESTERN LEYTE COLLEGE	BACHELOR OF SCIENCE IN ENTREPRENEUR SHIP		2020	2024		2024	CHOLAR	
GRADUATE STUDIES	4/4	N/A				N/n	4/10	4/10	
	(Co	ntinue on separate sheet if nec	essary)						
SIGNATURE	1/10				TE	APRIL			

7. CAREED	RVICE ELIGIBIL	_ITY						LICENSE (# 8	pplicable)
CANCER	SPECIAL LAWS!	(BOARD/BAR) UNDER CES/CSEE DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMIN			NUMBER	Validity
	e fligible.	PROFESS IONAL	00.64		REGION VIII - O	RMOC CITY	( NEM	N/A	M/A
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(Include priva	te employment.	Start from your recent	work) Description	on of duties should b	e indicated in the attach	MONTHLY	SALARYI JOBI PAY GRADE (if annicable)& STEP	STATUS OF APPOINTMENT	SERVICE (Y/N)
28. INCLU	SIVE DATES AT	POSITION TO	TLE .	DEDARTMENT / Alab	NCY / OFFICE / COMPANY /Do not abbreviate)	SALARY	INCREMENT		
From	To	(Write in full/Do not a	bbleviale), ,		to Co Co Co Co	F101530		PERMANENT	NO
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WORK OR INVOLVE	MENT IN CIVIC / NON-GOVERN	MENT / PEOPLE	/ VOLUNTAR	ORGANIZAT	ION/S	
NAME & ADDRES	JNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT IN CIVIC / NON-GO					POSITION / NATURE OF WORK
(Wri	le in full)		(dd/yyyy)	HUMBER OF HOURS		
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LEARNING AND DEVELOPMENT	(L&D) INTERVENTIONS/TRAININ				Type of LD (Managerial)	(Write in full)
TITLE OF LEARNING AND DEVELOPME	NT INTERVENTIONS/TRAINING PROGRAMS	ATTE	NDANCE dd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	
(Wri	te in full)	From	То			
	27704		01/17/2025		TECHNICAL	
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OTHER INFORMATION	N	ON-ACADEMIC DISTIN	CTIONS / RECOGN	IITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZ/
SPECIAL SKILLS and HOBBIES	32.	(Write		N. E.		RED CROSS YOUTH
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24								
34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate	Dr roopman and a company						
	chief of bureau or office or to the person who has immediate  Bureau or Department where you will be approinted	supervision over you in the Office						
	Bureau or Department where you will be apppointed,	oopervision over you in the Onice,						
	d. Within the third degree?	YES NO	)					
	b. within the fourth degree (for Local Government Unit - Care	☐ YES ✓ NO	)					
			If YES, give details:					
35.	a. Have you ever been found quilty of any at it is a first		□ YES [] NO					
00.	a. Have you ever been found guilty of any administrative offer	If YES, give details:						
			11 120, g					
		□ VES [ N	0					
100	b. Have you been criminally charged before any court?	If YES, give details:						
		Date Filed:						
1		Status of Case/s:						
36	. Have you ever been convicted of any crime or violation of an	y law, decree, ordinance or regulation	☐ YES ☑ N	OV				
1	by any court or tribunal?	,,	If YES, give details:					
37	. Have you ever been separated from the service in any of the	following modes: resignation,	If YES, give details:	NO TER PRIT				
31	retirement, dropped from the rolls, dismissal, termination, en	d of term, finished contract or phased	If YES, give details:					
	out (abolition) in the public or private sector?	10 20014510 25014510	The Highest Programmer Section 19					
38	a. Have you ever been a candidate in a national or local elec-	tion held within the last year (except	☐ YES					
	* * * * * * * * * * * * * * * * * * * *							
	b. Have you resigned from the government service during th	e three (3)-month period before the last	If YES, give details:					
	election to promote/actively campaign for a national or local							
39	Have you acquired the status of an immigrant or permanent	If YES, give details (coun						
10	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	na Carta for Disabled Persons (RA						
1	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 If YES, please specify:	NO					
			☐ YES ☑ NO					
b.	Are you a person with disability?	If YES, please specify ID No.						
c.	Are you a solo parent?		☐ YES ☐					
			If YES, please specify ID No:					
41	. REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)						
	NAME	ADDRESS	TEL. NO.					
	YMAN G. CANAS	ORMOC CITY	0939 -455-7644	1000				
	ANGELICA MONIQUE MERIN	ORMOC CITY	0912-590-8427					
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a t	rue, correct and					
	complete statement pursuant to the provisions of pertine	nt laws, rules and regulations of the	Republic of the	Constitution				
	Philippines. I authorize the agency head/authorized represent			CINDY E PASTRANA				
	agree that any misrepresentation made in this docum administrative/criminal case/s against me.	ient and its attachments shall caus	e the ning of	111010				
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)							
-	Discovery and Date of Issuance of Issuance over the Issued ID: NATIONAL ID	Time to the Religion	THRUE THUY	GUNERIC DECISIA				
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ID	License/Passport No.: 5760-2851-2548-6389	ox)	7804					
Da	te/Place of Issuance: 6RmoC CITY	Date Accomplished		Right Thumbmark				
T	CURCODIRED AND CWORN to before me this	Tr. 4 100		metric Dupper				
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.								
	April 21,2025	Person Administering Oat	th					
				the action of the second second second second				