

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 | VEGA | | |
| FIRST NAME | HANNAHLENE | | NAME EXTENSION (JR., SR) |
| MIDDLE NAME | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 5/1/1997 | 16. CITIZENSHIP | <input type="checkbox"/> Filipino <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 | OLONGAPO CITY | If holder of dual citizenship, please indicate the details. | |
| 5. SEX | <input type="checkbox"/> Male <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> Female | | |
| 6 CIVIL STATUS | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS | PUROK ROSE House/Block/Lot No. Street SITIO CAMARINE MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province |
| 7. HEIGHT (m) | 120 cm | ZIP CODE | |
| 8. WEIGHT (kg) | 50 kg | | |
| 9. BLOOD TYPE | A+ | | |
| 10. GSIS ID NO. | | | |
| 11. PAG-IBIG ID NO. | 1212-2869-4560 | 18. PERMANENT ADDRESS | PUROL ROSE House/Block/Lot No. Street SITIO CAMARINE MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province |
| 12. PHILHEALTH NO. | 13-025507657-5 | | |
| 13. SSS NO. | 34-7682100-1 | | |
| 14. TIN NO. | | 19. TELEPHONE NO. | |
| 15. AGENCY EMPLOYEE NO. | | 20. MOBILE NO. | 09700565203 |
| | | 21. E-MAIL ADDRESS (if any) | hannahlenevega11@gmail.com |

II. FAMILY BACKGROUND

| | | | | |
|--------------------------|-----------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | | NAME EXTENSION (JR., SR) | KADEN MIKAEL V. LUNA | 11/7/2019 |
| MIDDLE NAME | | | | |
| OCCUPATION | | | | |
| EMPLOYER/BUSINESS NAME | | | | |
| BUSINESS ADDRESS | | | | |
| TELEPHONE NO. | | | | |
| 24. FATHER'S SURNAME | UNKNOWN | | | |
| FIRST NAME | | NAME EXTENSION (JR., SR) | | |
| MIDDLE NAME | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | VEGA | | | |
| FIRST NAME | JONALEN | | | |
| MIDDLE NAME | BAGARINAO | | (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 | SAN AGUSTIN ELEMENTARY SCHOOL | N/A | 1/6/2003 | 1/6/2009 | | 2009 | |

| | | | | | | | |
|---|----------------------------|--|----------|----------|--|------|--|
| SECONDARY | BUNGA NATIONAL HIGH SCHOOL | N/A | 1/6/2009 | 1/6/2013 | | 2013 | |
| VOCATIONAL / TRADE COURSE | N/A | N/A | | | | | |
| COLLEGE | VISAYAS STATE UNIVERSITY | BACHELOR OF SCIENCE IN AGRICULTURE- MAJOR IN HORTICULTURE | 1/6/2014 | 1/6/2018 | | 2018 | |
| GRADUATE STUDIES | N/A | N/A | | | | | |
| (Continue on separate sheet if necessary) | | | | | | | |
| SIGNATURE | | | DATE | | | | |

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

| | | | | | | | |
|--|--|--|--|-------------|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| <i>(Continue on separate sheet if necessary)</i> | | | | | | | |
| SIGNATURE | | | | DATE | | | |

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(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) |
| | | | | | |
| | | | | | |

| | | | |
|--|--|-------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <i>(Continue on separate sheet if necessary)</i> | | | |
| SIGNATURE | | DATE | |

| <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> | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> | | | | | | | | | | | | | | | |
|---|--|----------|---------|----------|--|--|--|--|--|--|--|--|--|--|--|--|
| <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> | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> | | | | | | | | | | | | | | | |
| <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> | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> | | | | | | | | | | | | | | | |
| <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> | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> | | | | | | | | | | | | | | | |
| <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> | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/></p> | | | | | | | | | | | | | | | |
| <p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p> | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details (country):</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> | | | | | | | | | | | | | | | |
| <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> | <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, please specify: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, please specify ID No: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, please specify ID No: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/></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> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | NAME | ADDRESS | TEL. NO. | | | | | | | | | | | | |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| <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> | | | | | | | | | | | | | | | | |

| |
|--|
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) |
| PLEASE INDICATE ID Number and Date of Issuance |
| Government Issued ID: |
| ID/License/Passport No.: |
| Date/Place of Issuance: |

| |
|---------------------------------|
| Signature (Sign inside the box) |
|---------------------------------|

ID picture taken within the last 6 months
3.5 cm. X 4.5 cm
(passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

Date/Place of Issuance.

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath