

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	AGUILAR		
FIRST NAME	NIÑO PAUL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	TAVERA		
3. DATE OF BIRTH (mm/dd/yyyy)	04/20/2002	16. CITIZENSHIP	<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	HILONGOS, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	319 JOSE RIZAL House/Block/Lot No. Street SITIO LAWIS INIGUIHAN Subdivision/Village Barangay BATO LEYTE City/Municipality Province 6525
7. HEIGHT (cm)	163	ZIP CODE	
8. WEIGHT (kg)	67		
9. BLOOD TYPE	O+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS	319 JOSE RIZAL House/Block/Lot No. Street SITIO LAWIS INIGUIHAN Subdivision/Village Barangay BATO LEYTE City/Municipality Province 6525
12. PHILHEALTH NO.	N/A	ZIP CODE	
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09976803924
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	new.paulaquilar@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		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	AGUILAR			
FIRST NAME	CECILIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	JUERA			
25. MOTHER'S MAIDEN NAME				
SURNAME	TAVERA			
FIRST NAME	CELESTINA			
MIDDLE NAME	MANCIO		(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	BATO CENTRAL SCHOOL					2014	SECOND HONORS
SECONDARY	BATO SCHOOL OF FISHERIES	HUMANITIES AND SOCIAL SCIENCES				2020	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	SOUTHERN LEYTE STATE UNIVERSITY - TOMAS OPPUS CAMPUS	BACHELOR OF SECONDARY EDUCATION MAJOR IN SOCIAL STUDIES				2024	MAGNA CUM LAUDE
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 23, 2024
-----------	---	------	---------------

IV. CIVIL SERVICE ELIGIBILITY

[illegible]


(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	
-----------	---

DATE

JUNE 23, 2024

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		
	Supreme Student Council, Southern Leyte State University - Tomas Oppus	09/01/2022	12/31/2022		Senate President
	Supreme Student Council, Southern Leyte State University - Tomas Oppus	01/03/2023	05/01/2023		Vice-President
	Federation of Supreme Student Council, Southern Leyte State University - Tomas Oppus	09/01/2022	05/01/2023		Member, Board of Directors
	Social Science Society, Southern Leyte State University - Tomas Oppus	09/01/2020	05/01/2024		First-Year Representative

(Continue on separate sheet if necessary)

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

[illegible]

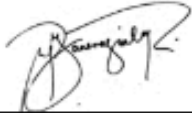



(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Computer Literate	Best in Graphic Design, Microwide Development Program Services	Student Internship Abroad Program (SIAP)
Good command of the English, Filipino, and Cebuano Languages		Federation of Supreme Student Council
Singing		Supreme Student Council
Reading and writing		Social Science Society
Research skills		Blue Marlins
		Knights of the Altar of Holy Child Parish, Bato, Leyte
		Balay Musika

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 23, 2024
-----------	---	------	---------------

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)?	<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 following items: 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)		
NAME	ADDRESS	EMAIL ADDRESS
Aubrey Gaile C. Cañete, M.E.	Victory Informatics Foreign Language Center - Tra Vinh University, Vietnam	aubreygaile@vic.tvu.edu.vn
Dr. Constantino G. Medilo, Jr.	Southern Leyte State University	cmedilo@southernleystateu.edu.ph
Dr. Max Teody Quimilat	Visayas State University	max.quimilat@vsu.edu.ph
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.		
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.: P5071205C Date/Place of Issuance: DFA TACLOBAN	 Signature (Sign inside the box) 06/23/2024 Date Accomplished	 PHOTO  Right Thumbmark
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
 Person Administering Oath		