

PERSONAL DATA SHEET

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

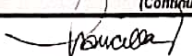
2. SURNAME	ARCILLAS		
FIRST NAME	DEXTER		NAME EXTENSION (JR., SR)
MIDDLE NAME	VILLAMOR		
3. DATE OF BIRTH (mm/dd/yyyy)	May 3, 1999	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	MATERNITY ORMOG CITY	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	PUROK 4 HAUBON House/Block/Lot No. Street N/A LINAO Subdivision/Village Barangay ORMOG LEYTE City/Municipality Province ZIP CODE 6541
7. HEIGHT (m)	1.53	18. PERMANENT ADDRESS	PUROK 4 HAUBON House/Block/Lot No. Street N/A LINAO Subdivision/Village Barangay ORMOG LEYTE City/Municipality Province ZIP CODE 6541
8. WEIGHT (kg)	63	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	N/A	20. MOBILE NO.	+63 927 286 1743
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	dex.arcillas.08@gmail.com
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	34-9364823-8		
14. TIN NO.	769-352-515-000		
15. AGENCY EMPLOYEE NO.	N/A		

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)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ARCILLAS			
FIRST NAME	DICKMAR	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PANTA			
25. MOTHER'S MAIDEN NAME	VILLAMOR			
SURNAME	VILLAMOR			
FIRST NAME	EMMA			
MIDDLE NAME	LUMACAD			

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	LINAO ELEMENTARY SCHOOL	GRADUATE	2006	2011	N/A	2011	ACADEMIC EXCELLENCE
SECONDARY	LINAO NATIONAL HIGH SCHOOL	GRADUATE	2011	2015	N/A	2015	ACADEMIC EXCELLENCE
VOCATIONAL / TRADE COURSE	WESTERN LEYTE COLLEGE / TESDA NC II	COMPUTER SYSTEM SERVICING NC II	AUG. 2019	SEPT. 2019	N/A	2019	GRADUATE
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BS-ED - BIOLOGICAL SCIENCES	2015	2019	N/A	2019	GRADUATE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SIGNATURE	DATE
	MAY 6, 2021

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	DRIVER'S LICENSE	N/A	N/A	LAND TRANSPORTATION OFFICE ORMOC CITY	H03-18-001823	3/5/2023
	PRC LICENSE	N/A	SEPT. 2019	KAPANGIAN ELEMENTARY SCHOOL	1821971	3/5/2022

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

(Continue on separate sheet if necessary)

[illegible]

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

[illegible]

VIII. OTHER INFORMATION

(Continue on separate sheet if necessary)

MAY 6, 2021

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)?

☐ YES ☒ NO
☐ YES ☒ 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?

☐ YES ☒ NO
If YES, give details:

☐ YES ☒ 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?

☐ YES ☒ 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?

☒ YES ☐ NO
If YES, give details: RESIGNATION

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?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ NO
If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ 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?

☐ YES ☒ NO
If YES, please specify: _____
☐ YES ☒ NO
If YES, please specify ID No: _____
☐ YES ☒ NO
If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
DR. JOEL S. SEMILLANO	BRGY. DOLORES, ORMOC CITY	9088675390
MRS. EMMA P. SIOS-E, MA.E.D.	EVSU - OCC	9338690857
MR. REYNOLDS L. LINGGAS	LINAO NATIONAL HIGH SCHOOL	9155465437

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: PRC
ID/License/Passport No.: 1821971
Date/Place of Issuance: 12/26/2019 - ORC ORMOC BRANCH

Signature (Sign inside the box)
May 6, 2021
Date Accomplished

PHOTO
DEXTER V. ARILLAS

Right Thumbmark

06 MAY 2021

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

ATTY. JOSEPH KIRBY L. CALIPATAN
Public Attorney III
Pursuant to RA 9406
Person Administering Oath