

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

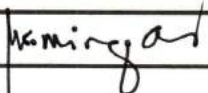
2. SURNAME	MINGAO		
FIRST NAME	REYNA MAY	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	IMPAS		
3. DATE OF BIRTH (mm/dd/yyyy)	MAY 27, 1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Ormoc City, Leyte	If holder of dual citizenship, please indicate the details.	
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"/> Other/s:	17. RESIDENTIAL ADDRESS	Stio Tabugokon House/Block/Lot No. Street Liloan Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province
7. HEIGHT (m)	5'2 ft.	ZIP CODE	6541
8. WEIGHT (kg)	66kg	18. PERMANENT ADDRESS	Stio Tabugokon House/Block/Lot No. Street Liloan Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province
9. BLOOD TYPE	N/A	ZIP CODE	6541
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1212-7341-4530	20. MOBILE NO.	09559136220
12. PHILHEALTH NO.	13-250-740-274-0	21. E-MAIL ADDRESS (if any)	lbpnamae26@gmail.com
13. SSS NO.	063-496-59-177		
14. TIN NO.	769-449-138		
15. AGENCY EMPLOYEE NO.	9879		

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	MINGAO			
FIRST NAME	ARMANDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	COMA			
25. MOTHER'S MAIDEN NAME	PACIENCIA NAYA IMPAS			
SURNAME	IMPAS			
FIRST NAME	PACIENCIA			
MIDDLE NAME	NAYA			

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	LILOAN CENTRAL SCHOOL	ELEMENTARY GRADUATE	June 03, 2004	March 28, 2009	N/A	2009	WITH HONORS
SECONDARY	LILOAN NATIONAL HIGH SCHOOL	HIGHSCHOOL GRADUATE			N/A	2013	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	COLLEGE GRADUATE			N/A	2019	CUMLAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SIGNATURE		DATE	03/30/2023
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## IV. CIVIL SERVICE ELIGIBILITY

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
	<b>CIVIL SERVICE HONORS ELIGIBILITY</b>	<b>HONORS ELIGIBILITY</b>	<b>JULY 14,2019</b>	<b>CIVIL SERVICE COMMISSION REGIONAL OFFICE VIII</b>		
	<b>PROFESSIONAL REGULATION COMMISSION AGRICULTURIST</b>	<b>79.7</b>	<b>NOVEMBER 5- 7/2019</b>	<b>MANILA</b>	<b>0034470</b>	<b>05/27/2025</b>

(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	March 30, 2023
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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)	
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## V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>Ms. Miryal</i>	DATE	March 30, 2023
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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)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div>Date Filed: _____</div> <div>Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>BUENAVENTURA V. LEYVA</td><td>CEBU CITY</td><td>09229213498/ 09174844127</td></tr><tr><td>ARISTON LUIS M. LEGISNIANA</td><td>MANILA</td><td>0997-295-4264</td></tr><tr><td>EPIFANIE P. SAMULDE</td><td>MEJIA SUB. ORMOC CITY, LEYTE</td><td>09096868760</td></tr></table>		NAME	ADDRESS	TEL. NO.	BUENAVENTURA V. LEYVA	CEBU CITY	09229213498/ 09174844127	ARISTON LUIS M. LEGISNIANA	MANILA	0997-295-4264	EPIFANIE P. SAMULDE	MEJIA SUB. ORMOC CITY, LEYTE	09096868760
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EPIFANIE P. SAMULDE	MEJIA SUB. ORMOC CITY, LEYTE	09096868760											
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</div> <div>Government Issued ID: PRC ID</div> <div>ID/License/Passport No.: 0034470</div> <div>Date/Place of Issuance: MANILA</div>	<div><div>Signature (Sign inside the box)</div><div>03/30/2023</div><div>Date Accomplished</div></div> <div><div>PHOTO</div><div>Right Thumbmark</div></div>												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div>Person Administering Oath</div>													