

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.

LCS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	MAZO		
FIRST NAME	ERLIE JEAN	N/A	
MIDDLE NAME	PEREZ		
3. DATE OF BIRTH (mm/dd/yyyy)	9/20/1996	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	WESTERN LEYTE PROVINCIAL HOSPITAL	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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/L of No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	1.52	18. PERMANENT ADDRESS	House/Block/L of No. Street Subdivision/Village Barangay City/Municipality Province
8. WEIGHT (kg)	45	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	O	20. MOBILE NO.	09302542033
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	eiperezmazo@gmail.com
11. PAG-IBIG ID NO.	12-119949279-3		
12. PHILHEALTH NO.	12-025626476-0		
13. SSN NO.	06-3878375-7		
14. TIN NO.	334-336-602-000		
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	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	MAZO			
FIRST NAME	ERNESTO	N/A		
MIDDLE NAME	BALDEVA			
25. MOTHER'S MAIDEN NAME				
SURNAME	PEREZ			
FIRST NAME	ERLINDA			
MIDDLE NAME	DAMPIOS			

(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	GACAT ELEMENTARY SCHOOL	PRIMARY EDUCATION	2002	2008	GRADUATED	2008	WITH HONORS
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2008	2012	GRADUATED	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	BACHELOR OF SCIENCE IN COMMERCE	2012	2016	GRADUATED	2016	DEAN'S LIST
	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR OF SECONDARY EDUCATION	2021	2022	18 UNITS	2022	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE	September 6, 2022
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[illegible]

V. WORK EXPERIENCE

[illegible]

W. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC, NON-GOVERNMENT / PEOPLE, VOLUNTARY ORGANIZATIONS

[illegible]

Acetivorus not separable from *N. ramosus*!

VIII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/ TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Duration of the Program	
4. Location of the Program	
5. Date of the Program	
6. Name of the Program Manager	
7. Name of the Program Sponsor	
8. Name of the Program Coordinator	
9. Name of the Program Facilitator	
10. Name of the Program Participant	
11. Name of the Program Evaluator	
12. Name of the Program Reviewer	
13. Name of the Program Approver	
14. Name of the Program Signatory	
15. Name of the Program Endorser	
16. Name of the Program Approver	
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147. Name of the Program Endorser	



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(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)
COOPERATIVE AND A GOOD COMMUNICATOR	N/A	N/A
KEEN TO DETAILS AND ACCURACY OF WORK RESPONSIBILITIES		
COMPUTER LITERATE (WORD, EXCEL, PPT) AND CAN TYPE UP TO 51 WPM		
KNOWLEDGEABLE IN BASIC ACCOUNTING, FINANCE, AND MANAGEMENT		
FLEXIBLE, OPEN-MINDED OR RECEPTIVE TO THE OPINIONS OF OTHER PEOPLE		
READING INFORMATIONAL BOOKS AND SHARING THE LEARNING TO OTHERS		

(If content on separate sheet # memoized)

<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>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<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>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<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>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<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>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><u>Resignation, due to skeletal workforce system</u></p>												
<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>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<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>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>NOREEN F. GAMUTAN</td> <td>BAYBAY CITY, LEYTE</td> <td>9272948618</td> </tr> <tr> <td>RUZIL MAGPAYO</td> <td>MANDAUE CITY, CEBU</td> <td>9222970165</td> </tr> <tr> <td>ANGELA GUMBA</td> <td>BAYBAY CITY, LEYTE</td> <td>9552501566</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	NOREEN F. GAMUTAN	BAYBAY CITY, LEYTE	9272948618	RUZIL MAGPAYO	MANDAUE CITY, CEBU	9222970165	ANGELA GUMBA	BAYBAY CITY, LEYTE	9552501566
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<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>													
<p>Government issued ID (i.e. Passport, GSS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government issued ID: SSS UMID ID</p> <p>ID/License/Passport No.: 0111-9108231-8</p> <p>Date/Place of Issuance: Brgy. Gacat Baybay City, Leyte</p>	<p style="text-align: center;">  Signature (Sign inside the box) September 6, 2022 Date Accomplished </p>												
<p style="text-align: center;">SUBSCRIBED AND SWORN to before me this <u>SEP 08 2022</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p>													
<p>DOC. NO. 317</p> <p>PAGE NO. 16</p>	<p style="text-align: center;">  Right Thumbmark </p>												



PHOTO

ATTY. KIEFER L. PETILLA
PUBLIC ATTORNEY