

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	BERMOY		
FIRST NAME	LUZ JESARY	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	PASOHIL		
3. DATE OF BIRTH (mm/dd/yyyy)	02/23/1999	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	BAYBAY CITY 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	SITIO TAB-ANG House/Block/Lot No. Street BARANGAY KILIM Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.52	18. PERMANENT ADDRESS	SITIO TAB-ANG House/Block/Lot No. Street KILIM Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	55	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	-	20. MOBILE NO.	09651778976
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	BERMOY.LUZJESARY@GMAIL.COM
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	132528007671		
13. SSS NO.	35000262905		
14. TIN NO.	N/A		
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	BERMOY		
FIRST NAME	EMIL	NAME EXTENSION	N/A
MIDDLE NAME	CAINTIC		
25. MOTHER'S MAIDEN NAME			
SURNAME	PASOHIL		
FIRST NAME	LUZVIMINDA		
MIDDLE NAME	ABENOJA		

(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	KILIM ELEMENTARY SCHOOL	PRIMARY EDUCATION	2005	2011	N/A	2011	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	2011	2015	N/A	2015	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS	BACHELOR OF SCIENCE IN AGRIBUSINESS	2015	2020	N/A	2020	N/A
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	April 15, 2021
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[illegible]

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
	April 15, 2021

April 15, 2021

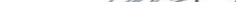
[illegible]

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/ TRAINING PROGRAMS ATTENDED	
1. Training Program Name	
2. Training Program Description	
3. Training Program Dates	
4. Training Program Location	
5. Training Program Facilitator	
6. Training Program Sponsor	
7. Training Program Budget	
8. Training Program Evaluation	
9. Training Program Impact	
10. Training Program Feedback	
11. Training Program Follow-up	
12. Training Program Conclusion	

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
SOCIAL SKILLS	N/A	N/A
COMPUTER LITERATE		
EXCELLENT VERBAL COMMUNICATION SKILLS		
ABLE TO WORK INDEPENDENTLY AND/OR PART OF A TEAM		
LISTENING TO MUSIC		
WATCHING FILMS		

SIGNATURE		DATE	April 15, 2021
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Handwritten signature

DATE _____

April 15, 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?

☐ YES ☒ NO

If YES, give details: _____

b. Have you been criminally charged before any court?

☐ 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: _____

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

☐ YES ☒ NO

If YES, give details: _____

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: _____

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?

☐ YES ☒ NO

If YES, please specify: _____

b. Are you a person with disability?

☐ YES ☒ NO

If YES, please specify ID No: _____

c. Are you a solo parent?

☐ YES ☒ NO

If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
NILDA T. AMESTOSO	VSU BAYBAY	9618860111
CONNIE M. PUZON	KILIM BAYBAY	09061151156
DOUGLAS M. BALTAZAR	KILIM BAYBAY	09358352858

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.



Luz Jesary Bermoy

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: DRIVER'S LICENSE

ID/License/Passport No.: H12-18-002036

Date/Place of Issuance: LTO BAYBAY/JUNE 25, 2018

Signature (Sign inside the box)

April 15, 2021

Date Accomplished



SUBSCRIBED AND SWORN to before me this

APR 16 2021

affiant exhibiting his/her validly issued government ID as indicated above.

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BOOK NO. 1

SERIES OF 2021

ATTY. MYRA BELLE L. AURE

PUBLIC ATTORNEY

PURSUANT TO R.A. 9406

Person Administering Oath