

# 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	ABENOJA		
FIRST NAME	MARIA GLADYS ANN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	LABAYAN		
3. DATE OF BIRTH (mm/dd/yyyy)	01/07/2000	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Philippines 
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	N/A House/Block/Lot No. Street N/A MALINAO Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province
7. HEIGHT (m)	1.56 m	ZIP CODE	6512
8. WEIGHT (kg)	55.5 kg		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A MALINAO Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6512
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09161578564
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	<a href="mailto:gl.abenoja@gmail.com">gl.abenoja@gmail.com</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	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	ABENOJA						
FIRST NAME	EVELIO	NAME EXTENSION (JR., SR) N/A					
MIDDLE NAME	ABASTILLAS						
25. MOTHER'S MAIDEN NAME							
SURNAME	LABAYAN						
FIRST NAME	ANILFA						
MIDDLE NAME	LILIBIOS		(Continue on separate sheet if necessary)				
<b>III. EDUCATIONAL BACKGROUND</b>							
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	VISCA FOUNDATION ELEMENTARY SCHOOL	ELEMENTARY	2006	2012	N/A	2012	N/A
SECONDARY	VISAYAS STATE UNIVERSITY INTEGRATED HIGH SCHOOL	SENIOR HIGH SCHOOL	2012	2018	N/A	2018	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION	2018	2024	N/A	2024	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		12/27/2024	

#### 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]




## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)					
<b>VIII. OTHER INFORMATION</b>					
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COMMUNICATION SKILLS	N/A			VISAYAS STATE UNIVERSITY ALUMNI ASSOCIATION, INC.	
COLLABORATIVE SKILLS					
DETAIL ORIENTED					
READING					
WRITING					
(Continue on separate sheet if necessary)					
SIGNATURE			DATE	12/27/2024	



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

NAME	ADDRESS	TEL. NO.
DR. CHRISTINA A. GABRILLO	BAYBAY CITY, LEYTE	
PROF. JEDESS MILADEL N. SALOMON	BAYBAY CITY, LEYTE	

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.



PHOTO

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  
*PLEASE INDICATE ID Number and Date of Issuance*

Government Issued ID: **DIGITAL NATIONAL ID**

ID/License/Passport No.: **5130-4354-6870-3807**

Date/Place of Issuance: **07/30/2024**

Signature (Sign inside the box)

**12/27/2024**

Date Accomplished

Right Thumbmark

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

Person Administering Oath