

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	AYUBAN		
FIRST NAME	MARY ANN	N/A	
MIDDLE NAME	DUSATA		
3. DATE OF BIRTH (mm/dd/yyyy)	05/25/99	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	AKICIA, BOHOL	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	21 KILBOURNE House/Block/Lot No. Street VSU PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.54m	ZIP CODE	6521
8. WEIGHT (kg)	55kg	18. PERMANENT ADDRESS	PUROK 2 House/Block/Lot No. Street CABATANG Subdivision/Village Barangay ALICIA BOHOL City/Municipality Province
9. BLOOD TYPE	O+	ZIP CODE	6314
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	N/A	20. MOBILE NO.	0948-314-2519
12. PHILHEALTH NO.	12-254568220-4	21. E-MAIL ADDRESS (if any)	maryayuban99@gmail.com
13. SSS NO.	N/A		
14. TIN NO.	618-324-121-00000		
15. AGENCY EMPLOYEE NO.	NONE		

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		
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	AYUBAN			02/02/1982
FIRST NAME	FRANCISCO	N/A		
MIDDLE NAME	CONCON			
25. MOTHER'S MAIDEN NAME				
SURNAME	DUSATA			03/01/1980
FIRST NAME	MARJORIE			
MIDDLE NAME	HUIISO			

(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	CABATANG ELEMENTARY SCHOOL	GRADE 1 - GRADE 6	2006	2012	N/A	2012	VALEDICTORIAN
SECONDARY	ALICIA TECH-VOC HIGH SCHOOL	GRADE 7 - GRADE 12	2012	2018	N/A	2018	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION major in Filipino	2018	2022	N/A	2022	MAGNA CUMLAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 08, 2023
-----------	---	------	-----------------

[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]

SIGNATURE	<i>Angela</i>	DATE	August 08, 2023
-----------	---------------	------	-----------------

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]






(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)
	COMPUTER LITERATE		TOP AGENT, VSS HEALTHCARE ACCOUNT (FOR OCTOBER)		PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS
	WRITING POEMS				
	GOOD COMMUNICATION SKILLS				
	FLEXIBLE				

(Continue on separate sheet if necessary)

SIGNATURE	<i>Angela</i>	DATE	August 08, 2023
-----------	---------------	------	-----------------

<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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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>DELIA G. RAFOLS</td> <td>ALICIA, BOHOL</td> <td>09176137574</td> </tr> <tr> <td>ULLYSES A. CAGASAN</td> <td>ABUYOG, LEYTE</td> <td>09452309477</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DELIA G. RAFOLS	ALICIA, BOHOL	09176137574	ULLYSES A. CAGASAN	ABUYOG, LEYTE	09452309477
NAME	ADDRESS	TEL. NO.								
DELIA G. RAFOLS	ALICIA, BOHOL	09176137574								
ULLYSES A. CAGASAN	ABUYOG, LEYTE	09452309477								
<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, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: PRC ID</p> <p>ID/License/Passport No.: 2071335</p> <p>Date/Place of Issuance: 07/17/23 / ORMOC LEYTE</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 50px;">  Signature (Sign inside the box) </td> </tr> <tr> <td style="text-align: center;"> <u>08/08/23</u> Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box)	<u>08/08/23</u> Date Accomplished							
 Signature (Sign inside the box)										
<u>08/08/23</u> Date Accomplished										
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"> <p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; height: 50px; width: 100%; margin-top: 10px;"></div> <p style="text-align: center;">Person Administering Oath</p> </div> <div style="width: 35%; text-align: center;">  AYUBAN, MARY ANN D. </div> </div> <div style="text-align: center; margin-top: 20px;">  Right Thumbmark </div>										