## **PERSONAL DATA SHEET**

concerned. READ THE ATTACHED GUIDE T	ion made in the Personal Data Sheet and the	T (PDS) BEFORE ACCOMPL	ISHING THE	PDS FORM.		ive/criminal case			
I. PERSONAL INFORMATION	) and use separate sheet if necessary. Indicate	e N/A if not applicable. DO NO1	ABBREVIATE		1. CS ID No.		(Do not fill up. I	For CSC use only)	
2. SURNAME	RAMIREZ								
FIRST NAME	GISELLE JOYCE				NAME EXTENSION (JR., SR)				
MIDDLE NAME	BARBADILLO								
3. DATE OF BIRTH									
(mm/dd/yyyy)	5/31/1999	16. CITIZENSHIP	TIZENSHIP			Dual Citizenship			
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citizen	ishin			☐ by birth ☐ by naturalization  Pls. indicate country:			
		please indicate the de				1 is. illulcate	country.		
5. SEX	☐ Male ☑ Female						N/A		
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No.						
	Other/s:		PABAHAY						
7. HEIGHT (m)	1.46		Subdivision/Village HILONGOS			Barangay LEYTE			
8. WEIGHT (kg)	46	ZIP CODE	Citv/Municipalitv			Province 6524			
		18. PERMANENT ADDRESS	N/A			MABINI			
9. BLOOD TYPE	0	1	House/Block/Lot No.		).	Street			
10. GSIS ID NO.	NONE		Sul	N/A odivision/Village	)	EASTERN POBLACI Barangay		ON	
11. PAG-IBIG ID NO.	NONE			HILONGOS		LEYTE			
12. PHILHEALTH NO.	13-250515837-0	ZIP CODE	City/Municipality		Province 6524				
13. SSS NO.	NONE	19. TELEPHONE NO.	N/A			N/A	N/A		
14. TIN NO.	NONE	20. MOBILE NO.				09675505104			
15. AGENCY EMPLOYEE NO.	NONE	NONE 21. E-MAIL ADDRESS (if any)			joycegiselle28@gmail.com				
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	PASCULADO		23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	HAROLD	NAME EXTENSION (JR., SR) N/A	ALLYSON VENICE R. PAS		SCULADO 1/31/20		1/2020		
MIDDLE NAME	VILLAMORA	1	AJ R. PASCULAI		ASCULADO	O 9/		0/2022	
OCCUPATION	FISHERMAN								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	RAMIREZ	RAMIREZ							
FIRST NAME	CECILIO	NAME EXTENSION (JR., SR) SR							
MIDDLE NAME	FLORIDA								
25. MOTHER'S MAIDEN NAME									
SURNAME	BARBADILLO								
FIRST NAME	MARY ANN								
			9.4						
	MIDDLE NAME MANATAD (Continue on separate sheet if necessary)  III. EDUCATIONAL BACKGROUND						_		
	ROOND					HIGHEST LEVEL/		SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	HILONGOS SOUTH CENTRAL SCHOOL	ELEMENTAR	Y	6/6/2006	3/30/2012	GRADUATED	2012	CLASS SALUTATORIAN	
SECONDARY	GRELINA OSMEÑA CHRISTIAN	SENIOR HIGH SCI	HOOL	6/13/2016	4/6/2018	GRADUATED	2018	WITH HIGH	
VOCATIONAL /	COLLEGE NONE	NONE		NONE	NONE	NONE	NONE	HONORS NONE	
TRADE COURSE  COLLEGE	VISAYAS STATE UNIVERSITY (MAIN	BACHELOR OF SCI	ENCE IN				2022	TDP, VSUAAI,	
COLLEGE	CAMPUS) VISAYAS STATE UNIVERSITY (MAIN	AGRIBUSINES MASTER OF MANAC			0/12/2022	OLADUATED	2022	I AUDF	
GRADUATE STUDIES	CAMPUS)	(AGRIBUSINESS MANA	AGEMENT)	8/21/2023	7/24/2025	GRADUATED	2025	SCHOLARSHIP	
0/0// 7// 7		ontinue on separate sheet if nece	essary)		TE				
SIGNATURE				<b>DATE</b> August 14, 2025			:5		

IV. CIVIL SERVICE ELIGIBILITY  27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER				DATE OF			LICENSE (if applicable)		
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	NUMBER	Date of			
		FESSIONAL (PD 907 -	N/A	PROCESSING	CSC REGIONAL OFFICE VIII (PALO, LEYTE)		N/A	Validity N/A	
	HONOR GR	ADUATE)	NA	PROCESSING	COO REGIONAL GITT	OL VIII (FAI		N/A	N/A
	XPERIENCE ate employm			ntinue on separate shee	t <mark>if necessary)</mark> hould be indicated in th	e attached		ence sheet.	
	SIVE DATES /dd/yyyy)	POSITION TI (Write in full/Do not a		DEPARTMENT / AGENCY / OFFICE / COMPANY MONTHLY GRADE (if applicable) & S SALARY (Format "00-0")		SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVIO (Y/ N)	
7/29/2025	8/13/2025	FIELD ENUME	RATOR		L CENTER FOR GRADUATE STUDY AND AGRICULTURE (SEARCA)	350 PER QUESTIONNAIRE	N/A	PROJECT- BASED	NO
								-	
			(Coi	ntinue on separate shee	t if necessary)				
SIGNA	TURE		i .		DATE		August	14, 2025	

VI. VOLUNTARY WORK OR INVOLVEN	ENT IN CIVIC / NON-GOVERNMEI	_		Y ORGANIZA	TION/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
(vine ii uii)			From To			. SOLITOR, IN MILE OF HOME	
NONI	:	NONE	NONE	NONE		NONE	
		ntinue on separate		y)			
VII. LEARNING AND DEVELOPMENT (	L&D) INTERVENTIONS/TRAINING						
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)  From To		Type of LD ( Managerial/ Supervisory / Technical/etc)		CONDUCTED/ SPONSORED BY (Write in full)	
Baseline and Endline Evaluation using LandSca		7/29/2025	7/29/2025	8.0	TECHNICAL	SOUTHEAST ASIAN REGIONAL CENTER FOR GRADUATE STUDY AND RESEARCH IN AGRICULTURE (SEARCA)	
Sustainable Coconut Production (STA C	oco) Iraining of Field Survey leam					RESEARCH IN AGRICULTURE (SEARCA)	
	(Con	tinue on separate	sheet if necessar	y)			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON	I-ACADEMIC DISTI (Wri	NCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
BASIC ACCOUNTING	International Business Competition (IBC) Finalist for the project Sustainable  Currency for Recycling and Academic/Agriculture Provision (SCRAP)					VISAYAS STATE UNIVERSITY ALUMNI	
PROFICIENCY IN MICROSOFT OFFICE	Currency for Recyclin	ASSOCIATION. INCORPORATED					
APPLICATIONS (WORD, EXCEL, POWERPOI							
LEADERSHIP AND TEAM FACILITATION							
GARDENING							
CRAFTING OR DIY PROJECTS							
		ntinue on separate	sheet if necessar				
SIGNATURE	( exram	les l		DATE		AUGUST 14, 2025	

34.	Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immed							
	Bureau or Department where you will be apppointed,  a. within the third degree?	☐ YES [	<b>☑</b> NO					
	b. within the fourth degree (for Local Government Unit - 0		▼ NO					
	b. within the local degree (ior Local Government Onit - t	If YES, give detail						
				iio.				
35.	a. Have you ever been found guilty of any administrative	☐ YES	▼ NO					
		If YES, give detail	ils:					
	b. Have you been criminally charged before any court?	☐ YES	✓ NO					
	· · · · · · · · · · · · · · · · · · ·		If YES, give detail	ils:				
			Date Filed: Status of Case/s:					
	Harris and the second state of the second stat	.f	Status of Case/s.					
36.	Have you ever been convicted of any crime or violation or regulation by any court or tribunal?	of any law, decree, ordinance or	☐ YES	✓ NO				
	regulation by any obartor tibunar.		If YES, give detail	IIS:				
37.	Have you ever been separated from the service in any or retirement, dropped from the rolls, dismissal, termination		☐ YES ☑ NO If YES, give details:					
	phased out (abolition) in the public or private sector?	i, end of term, imistred contract of	——————————————————————————————————————	110.				
38.	a. Have you ever been a candidate in a national or local	election held within the last year	☐ YES	✓ NO				
	(except Barangay election)?		If YES, give deta	ils:				
	b. Have you resigned from the government service during	ng the three (3)-month period before	☐ YES ☑ NO					
	the last election to promote/actively campaign for a nation	nal or local candidate?	If YES, give deta	ils:				
39.	Have you acquired the status of an immigrant or permar	nent resident of another country?	☐ YES	✓ NO				
			If YES, give details (country):					
40								
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) I (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA							
a.	Are you a member of any indigenous group?	(0372), please answer the following	☐ YES	☑ NO				
	. , , g g		If YES, please speci					
b.	Are you a person with disability?		YES NO					
C.	Are you a solo parent?		If YES, please specify ID No:  ☐ YES ☐ NO					
	Are you a solo parent:		If YES. please speci					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant)	/appointee)						
	NAME	ADDRESS	TEL. NO.					
	MARICAR B. POSAS	BAYBAY CITY, LEYTE	N/A					
	ANALITA A. SALABAO	BAYBAY CITY, LEYTE	N/A					
	ELSIE T. SALAMAT		N/A					
42	ELSIE T. SALAMAT  TACLOBAN CITY, LEYTE  N/A  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 pertin							
	Philippines. I authorize the agency head/authorized repr							
	I agree that any misrepresentation made in this doc	rument and its attachments shall cau	ise the filing of					
	administrative/criminal case/s against me							
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License,							
	c.) PLEASE INDICATE ID Number and Date	en)						
G	overnment Issued ID: PhilSys ID							
IC	O/License/Passport No.: 4250-3568-9546-1879	ox)						
D	ate/Place of Issuance: JULY 21, 2022 / HILONGOS, LEYTE		Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
	OODOOMINED WAD SAAOMA (II BEIDIE IIIE IIII	, aniani exilibilin	y mamer valluly 155000 g	government id as mulcated above.				
1								
	<u> </u>	. #-						
i		Person Administering Oa	t U 1					