

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	GASAL		
FIRST NAME	CHERRY	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ESTEVEES		
3. DATE OF BIRTH (mm/dd/yyyy)	02/25/1998	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	ORMOC CITY	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	PUROK 2 House/Block/Lot No. Street BRGY. BAGONG BUHAY Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province 6541
7. HEIGHT (m)	5'3	ZIP CODE	18. PERMANENT ADDRESS
8. WEIGHT (kg)	53 kg.		PUROK 2 House/Block/Lot No. Street BRGY. BAGONG BUHAY Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province 6541
9. BLOOD TYPE	A+	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A	20. MOBILE NO.	09458840434
11. PAG-IBIG ID NO.	1212-3481-1243	21. E-MAIL ADDRESS (if any)	cherryestesgasal@gmail.com
12. PHILHEALTH NO.	130502051629		
13. SSS NO.	06-4183333-5		
14. TIN NO.	353-687-157-0000		
15. AGENCY EMPLOYEE NO.	Ex2021-05-094		

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
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GASAL			
FIRST NAME	PETER (DECEASED)	NAME EXTENSION (JR., SR)		
MIDDLE NAME	JORDAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	ESTEVEES			
FIRST NAME	FLORENDIA (DECEASED)			
MIDDLE NAME	GARCIA		(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	SAN ISIDRO ELEMENTARY SCHOOL	ELEMENTARY	2004	2010	GRADUATED	2010	3 RD HONORABLE MENTION
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	SECONDARY	2010	2014	GRADUATED	2015	NONE
VOCATIONAL / TRADE COURSE							
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY-ORMOC CITY CAMPUS	BACHELOR OF SECONDARY EDUCATION- MAJOR IN MATHEMATICS	5/28/2014	4/10/2018	GRADUATED	2018	CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/2/2024
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A		N/A

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER INCLINED (LITERATE)			
	TIME-MANAGEMENT SKILLS			
	CUSTOMER-SERVICE SKILLS			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/2/2024
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