

PERSONAL DATA SHEET





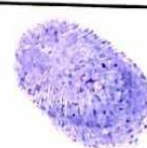

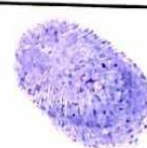

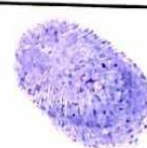
WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

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)

PERSONAL INFORMATION							
2. SURNAME	MORENO						
FIRST NAME	JOHN MARL					NAME EXTENSION (JR., SR.)	
MIDDLE NAME	SOTTO						
3. DATE OF BIRTH (mm/dd/yyyy)	12/27/2000		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	BRGY. SHERWOOD ALBUERA LEYTE						
5. SEX	<input checked="" type="checkbox"/> Male <input 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:						
7. HEIGHT (m)	1.6764 m		17. RESIDENTIAL ADDRESS	039 SITIO LOMBOY House/Block/Lot No Street SHERWOOD Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province			
8. WEIGHT (kg)	24.494 kg		ZIP CODE	6542			
9. BLOOD TYPE	N/A		18. PERMANENT ADDRESS	039 SITIO LOMBOY House/Block/Lot No Street SHERWOOD Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province			
10. GSIS ID NO.	N/A		ZIP CODE	6542			
11. PAG-IBIG ID NO.	N/A		19. TELEPHONE NO.	N/A			
12. PHILHEALTH NO.	1325-0277-5859		20. MOBILE NO.	09469383065			
13. SSS NO.	06-4319127-9		21. E-MAIL ADDRESS (if any)	morenojohnmarl46@gmail.com			
14. TIN NO.	403-940-547						
15. AGENCY EMPLOYEE NO.	N/A						
FAMILY INFORMATION							
22. SPOUSE'S SURNAME				23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME							
MIDDLE NAME							
OCCUPATION							
EMPLOYER/BUSINESS NAME							
BUSINESS ADDRESS							
TELEPHONE NO.							
24. FATHER'S SURNAME	MORENO			. 11/06/1964			
FIRST NAME	HERMOSELIO						
MIDDLE NAME	GUINO						
25. MOTHER'S MAIDEN NAME							
SURNAME	SOTTO			03/21/1971			
FIRST NAME	MARSHA						
MIDDLE NAME	SORIA						
(Continue on separate sheet if necessary)							
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	SHERWOOD ELEMENTARY SCHOOL	PRIMARY EDUCATION	2007	2013		2013	
SECONDARY	SEGUINON NATIONAL HIGH SCHOOL	HUMANITIES AND SOCIAL SCIENCES (HUMSS)	2013	2019		2019	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN FORESTRY	2020	2024		2024	PWD GRANT SCHOL.
GRADUATE STUDIES	N/A						
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		JANUARY 2025		

<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: <u>083763-013-013</u></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: 35%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 25%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>CATHERINE G. DELGADO</td> <td>BROY SHERWOOD ALB. LEYTE</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	CATHERINE G. DELGADO	BROY SHERWOOD ALB. LEYTE							
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<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.) PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: <u>PROFESSIONAL REGULATION COMMISSION</u></p> <p>ID/License/Passport No.: <u>0017107</u></p> <p>Date/Place of Issuance: <u>01/03/25 - PRC ORMOC</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 50px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center; height: 30px;"> </td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)		Date Accomplished								
													
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<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; width: 250px; height: 50px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													