

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	BOTECARIO		
FIRST NAME	SHERRY LEE		NAME EXTENSION (JR., SR.) N/A
MIDDLE NAME	CALUPAZ		
3. DATE OF BIRTH (mm/dd/yyyy)	6/19/1994	16. CITIZENSHIP	<input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: Philippines ▼
4. PLACE OF BIRTH	MACARTHUR, LEYTE	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	REAL ST. Street N/A POBLACION DISTRICT 1 Barangay MACARTHUR LEYTE City/Municipality Province
7. HEIGHT (m)	1.5748	ZIP CODE	
8. WEIGHT (kg)	54		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	REAL ST. Street N/A POBLACION DISTRICT 1 Barangay MACARTHUR LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	1211-5204-5487		
12. PHILHEALTH NO.	13-025354002-9		6509
13. SSS NO.	34-5273384-1	19. TELEPHONE NO.	N/A
14. TIN NO.	487-112-462	20. MOBILE NO.	0956-793-3352/ 0931-761-7210
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	sherryleebotecario@gmail.com

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		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BOTECARIO			
FIRST NAME	LEO	NAME EXTENSION (JR., SR.) N/A		
MIDDLE NAME	PELEÑO			
25. MOTHER'S MAIDEN NAME	MARIETA BERDAJE CALUPAZ			
SURNAME	BOTECARIO			
FIRST NAME	MARIETA			
MIDDLE NAME	CALUPAZ			

(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	MACARTHUR CENTRAL SCHOOL	ELEMENTARY	2001	2007	Graduated	2006	N/A
SECONDARY	MACARTHUR NATIONAL HIGH SCHOOL	HIGH SCHOOL	2007	2011	Graduated	2010	N/A
VOCATIONAL / TRADE COURSE	ABUYOG COMMUNITY COLLEGE	PROFESSIONAL EDUCATION	2021	2022	24 UNITS	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN HOTEL, RESTAURANT, AND TOURISM MGMT.	2011	2015	Graduated	2015	N/A
GRADUATE STUDIES	CEBU TECHNOLOGICAL UNIVERSITY	MASTER'S IN PUBLIC ADMINISTRATION	2024	Present	Present	Present	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 15, 2024
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (If applicable)	
					NUMBER	Date of Validity
	LICENSURE EXAMINATION FOR TEACHERS	77.8	5/19/2023	TACLOBAN CITY	N/A	6/19/2026

NOTHING FOLLOWS

(Continue on separate sheet if necessary)

WORK EXPERIENCE

Public/Private Partnerships

28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY JOB/PAY GRADE (If applicable) STEP (Format "00-00") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
	From	To						
	9/19/2016	12/16/2019	ADMINISTRATIVE ASSISTANT	ONE QUIAPO HOTEL	14500.00	N/A	PERMANENT	N/A
	4/1/2024	1/31/2025	ADMINISTRATIVE SUPPORT STAFF	DEPARTMENT OF EDUCATION	10,946.00	N/A	COS	Y

*** NOTHING FOLLOWS***

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 15, 2024
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(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)

SIGNATURE

[Signature]

DATE _____

July 15, 2024

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,

a. within the third degree? ☐ YES ☒ NO

b. within the fourth degree (for Local Government Unit - Career Employees)? ☐ YES ☒ NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense? ☐ YES ☒ NO

If YES, give details: _____

b. Have you been criminally charged before any court? ☐ YES ☒ NO

If YES, give details: _____

Date Filed: _____

Status of Case/s: _____

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? ☐ YES ☒ NO

If YES, give details: _____

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? ☐ YES ☒ NO

If YES, give details: _____

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? ☐ YES ☒ NO

If YES, give details: _____

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? ☐ YES ☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country? ☐ YES ☒ NO

If YES, give details (country): _____

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:

a. Are you a member of any indigenous group? ☐ YES ☒ NO

If YES, please specify: _____

b. Are you a person with disability? ☐ YES ☒ NO

If YES, please specify ID No: _____



c. Are you a solo parent? ☐ YES ☒ NO

If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
MA. VICTORIA E. MUNDALA	MACARTHUR, LEYTE	0918-655-1211
JINCY B. BANTILES, CPA	PALO, LEYTE	0998-537-5456
RHEA LUZ T. ADDONIS	MACARTHUR, LEYTE	0919-005-622

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.

Government Issued ID (e Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	 Signature (Sign inside the box) _____ Date Accomplished _____	 Right Thumbmark _____
Government Issued ID: PRC ID		
ID/License/Passport No.: 2057459		
Date/Place of Issuance: 06/20/2023/ TACLOBAN CITY		

SUBSCRIBED AND SWORN to before me this JUL 15 2024, affiant exhibiting his/her validly issued government ID as indicated above.

DUL. NO. 199
PAGE NO. 41
BOOK NO. 112
SERIES OF 2024

Person Administering Oath