

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	VERZOSA		
FIRST NAME	GRETCHEN	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	REROMA		
3. DATE OF BIRTH (mm/dd/yyyy)	02/16/1999	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	378 RIZAL House/Block/Lot No. Street N/A SANTO NIÑO Subdivision/Village Barangay ISABEL LEYTE City/Municipality Province 6539
7. HEIGHT (m)	1.4986000000000002	ZIP CODE	
8. WEIGHT (kg)	45 KG		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	378 RIZAL House/Block/Lot No. Street N/A SANTO NIÑO Subdivision/Village Barangay ISABEL LEYTE City/Municipality Province 6539
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121306517537	ZIP CODE	
12. PHILHEALTH NO.	13-250542303-1		
13. SSS NO.	35-1578664-1	19. TELEPHONE NO.	(053) 839-4845
14. TIN NO.	615-138-791-00000	20. MOBILE NO.	0963-948-6715 / 0935-860-2088
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	verzosa.chen@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
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	VERZOSA			
FIRST NAME	EDUARDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CALLERA			
25. MOTHER'S MAIDEN NAME				
SURNAME	REROMA			
FIRST NAME	ASUNCION			
MIDDLE NAME	N/A		(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	DOANE BAPTIST SCHOOL	ELEMENTARY	2006	2012	N/A	2012	1ST HONORABLE MENTION
SECONDARY	DOANE BAPTIST SCHOOL	JUNIOR HIGH SCHOOL	2012	2016	N/A	2016	SALUTATORIAN
	LIDE LEARNING CENTER, INC.	SENIOR HIGH SCHOOL	2016	2018	N/A	2018	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	WESTERN LEYTE COLLEGE OF ORMOC CITY, INC.	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJOR IN FINANCIAL MANAGEMENT	2018	2022	N/A	2022	MAGNA CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

<i>(Continue on separate sheet if necessary)</i>			
SIGNATURE		DATE	

[illegible]

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

(Continue on separate sheet if necessary)

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	SPORTS (VOLLEYBALL AND BADMINTON)		N/A		N/A
	RESEARCHING				
	SURFING IN INTERNET				

<i>(Signature on separate sheet if necessary)</i>			
<i>SIGNATURE</i>		<i>DATE</i>	

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: VOLUNTARILY RESIGNED TO PURSUE NEW OPPORTUNITIES, CHALLENGES, AND SEEKING FOR GROWTH AND CAREER DEVELOPMENT

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.
ROSENDO A. VILLAR	ISABEL, LEYTE	9055254468
JOHN ALEXANDER L. CODILLA, LPT	ORMOC CITY	9629306283
JENILYN L. PINO	ORMOC CITY	9300464272

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 (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **PASSPORT**

ID/License/Passport No.: **P0099831C**

Date/Place of Issuance: **MAY 16, 2022/DFA TACLOBAN**

Signature (Sign inside the box)

06/06/2024

Date Accomplished



GRETCHEN R. VERZOSA



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

Person Administering Oath