

# 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 ( ) if 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	OLLERAS		
FIRST NAME	MERZETH BLAIRE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BALEOS		
3 DATE OF BIRTH (mm/dd/yyyy)	06/08/1994	16 CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls indicate country
4 PLACE OF BIRTH	BAYBAY CITY, 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17 RESIDENTIAL ADDRESS	House/Block/Lot No _____ Street _____ Subdivision/Village _____ Barangay _____ BAYBAY CITY LEYTE City/Municipality Province ZIP CODE 6521
7 HEIGHT (in)	1.60	18 PERMANENT ADDRESS	Street _____ Subdivision/Village _____ Barangay _____ BAYBAY CITY LEYTE City/Municipality Province ZIP CODE 6521
8 WEIGHT (kg)	58	19 TELEPHONE NO.	NONE
9 BLOOD TYPE	O	20 MOBILE NO.	0968-549-7942
10 GSIS ID NO	2005478352	21 E-MAIL ADDRESS (if any)	blairebaleos@yahoo.com / blairebaleos@gmail.com
11 PAG-IBIG ID NO	1211-8878-8555		
12 PHILHEALTH NO	13-050189645-5		
13 SSS NO	06-3902158-6		
14 TIN NO	492-849-537		
15 AGENCY EMPLOYEE NO	18k0025		

## II. FAMILY BACKGROUND

22 SPOUSE'S SURNAME	OLLERAS		23 NAME OF CHILDREN (Write full name and last all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ANDY	NAME EXTENSION (JR., SR)	REIGNETTE KARA B. OLLERAS	09/22/2020
MIDDLE NAME	TEROL			
OCCUPATION	CIVIL ENGINEER			
EMPLOYER/BUSINESS NAME	DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS-FIFTH DEO			
BUSINESS ADDRESS	BRGY. HIPUSNGO, BAYBAY CITY, LEYTE			
TELEPHONE NO.	(053) 335-2503			
24 FATHER'S SURNAME	BALEOS			
FIRST NAME	JULIAN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BALDO			
25 MOTHER'S MAIDEN NAME				
SURNAME	MANAGBANAG			
FIRST NAME	PORFERIA			
MIDDLE NAME	GUINOCOR			

(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	BAYBAY I NORTH CENTRAL SCHOOL		2000	2006		2006	WITH HONORS
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION, INC.		2006	2010		2010	N/A
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES (formerly SAINT PAUL SCHOOL OF BUSINESS AND LAW, INC.)	BACHELOR OF SCIENCE IN ACCOUNTANCY	2010	2015		2015	CUM LAUDE
POST-GRADUATE	VISAYAS STATE UNIVERSITY	MASTERS IN MANAGEMENT MAJOR IN MANAGEMENT	2016	2017	12 units		

(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)

**SIGNATURE**

phthalate

DATE \_\_\_\_\_



## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]


*(Confine on separate sheet if necessary)*

VI. LEARNING AND DEVELOPMENT (LEAD) INTERVENTION TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

## VW OTHER INFORMATION

31	SPECIAL SKILLS and HOBBIES	32	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	PLAYS VIOLIN		N/A		PHILIPPINE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS (PICPA)
					ASSOCIATION OF GOVERNMENT ACCOUNTANTS OF THE PHILIPPINES (AGAP)
(Attaches on separate sheet if necessary)					
SIGNATURE				DATE	

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?  
b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES ☒ NO  
☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

35. a. Have you ever been found guilty of any administrative offense?  
b. Have you been criminally charged before any court?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_  
☐ 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)?  
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: \_\_\_\_\_  
☐ 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?  
b. Are you a person with disability?  
c. Are you a solo parent?

☐ YES ☒ NO  
If YES, please specify: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_

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

NAME	ADDRESS	TEL. NO.
JESSA BELLA A. CABILIN, CPA	BIGA-A, NAVAL, BILIRAN	0935-5952-110
ENGR. ARVIN JAY B. SANCHEZ	BAYBAY CITY, LEYTE	0998-089-7874
RONAN F. GLORIA, CPA	BAYBAY CITY, LEYTE	0926-526-5753

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.



PHOTO

Government Issued ID (e.g. Passport, GDS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

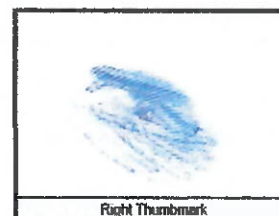
Government issued ID: PRC ID

ID/License/Passport No: 0164981

Date/Place of Issuance: 10/27/2015

Signature (Sign inside the box)

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this

FEB 15 2016  
Notary Public for the Philippines

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Series of 2016

Notary Public for the Philippines  
R. Magarino  
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IBP No. 100-01-0100000  
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