

# 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                    | LINA  |   |  |
| FIRST NAME                    | KIM BRIAN   | N/A   |  |
| MIDDLE NAME                   | MELECIO   |   |  |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 04/051999   | 16. CITIZENSHIP   | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship                 |
| 4. PLACE OF BIRTH             | HILONGOS, LEYTE   | If holder of dual citizenship, please indicate the details. | <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 5. SEX                        | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female  |   |  |
| 6 CIVIL STATUS                | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS                                     | SITIO PULTA  |
| 7. HEIGHT (m)                 | 1.64  | ZIP CODE  | House/Block/Lot No. Street   |
| 8. WEIGHT (kg)                | 54  |   | SANTA MARGARITA  |
| 9. BLOOD TYPE                 | UNKNOWN   |   | Subdivision/Village  |
| 10. GSIS ID NO.               | N/A   |   | HILONGOS LEYTE   |
| 11. PAG-IBIG ID NO.           | 121312839310  | 18. PERMANENT ADDRESS                                       | City/Municipality Province   |
| 12. PHILHEALTH NO.            | 13-250506656-5  | ZIP CODE  | 6524   |
| 13. SSS NO.                   | N/A   | 19. TELEPHONE NO.   | N/A  |
| 14. TIN NO.                   | 617-220-488-00000   | 20. MOBILE NO.  | 09651652804  |
| 15. AGENCY EMPLOYEE NO.       | N/A   | 21. E-MAIL ADDRESS (if any)                                 | linakimbrian@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   |                            |
| MIDDLE NAME              | N/A     |                          |   |                            |
| OCCUPATION               | N/A     |                          |   |                            |
| EMPLOYER/BUSINESS NAME   | N/A     |                          |   |                            |
| BUSINESS ADDRESS         | N/A     |                          |   |                            |
| TELEPHONE NO.            | N/A     |                          |   |                            |
| 24. FATHER'S SURNAME     | LINA    |                          |   |                            |
| FIRST NAME               | ISIDRO  | NAME EXTENSION (JR., SR) |   |                            |
| MIDDLE NAME              | CINTO   |                          |   |                            |
| 25. MOTHER'S MAIDEN NAME |         |                          |   |                            |
| SURNAME                  | MELECIO |                          |   |                            |
| FIRST NAME               | ERLINDA |                          |   |                            |
| MIDDLE NAME              | CAPILI  |                          | (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                | STA. MARGARITA ELEMENTARY SCHOOL      | ELEMENTARY   | 6/28/2006            | 3/31/2012 | GRADUATED                                      | 2012           | WITH HONORS                           |
| SECONDARY                 | STA. MARGARITA NATIONAL HIGH SCHOOL   | SECONDARY  | 6/10/2012            | 3/28/2016 | GRADUATED                                      | 2016           | WITH HONORS                           |
| VOCATIONAL / TRADE COURSE | STA. MARGARITA NATIONAL HIGH SCHOOL   | GENERAL ACADEMIC STRAND                                  | 4/17/2016            | 6/26/2018 | GRADUATED                                      | 2018           | WITH HONORS                           |
| COLLEGE                   | VISAYAS STATE UNIVERSITY- MAIN CAMPUS | BACHELOR OF SECONDARY EDUCATION- MAJOR IN SOCIAL STUDIES | 6/11/2018            | 4/7/2022  | GRADUATED                                      | 2022           | CUM LAUDE                             |
| GRADUATE STUDIES          | VISAYAS STATE UNIVERSITY- MAIN CAMPUS | MASTER OF SCIENCE IN DEVELOPMENT SOCIOLOGY               | 8/29/2023            | N/A       | ONGOING  | N/A            | N/A                                   |

(Continue on separate sheet if necessary)

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

| IV. CIVIL SERVICE ELIGIBILITY  |  |            |   |   |                                   |                          |                            |
|--|--|------------|---|---|-----------------------------------|--------------------------|----------------------------|
| 27.  | CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER<br>SPECIAL LAWS/ CES/ CSEE<br>BARANGAY ELIGIBILITY / DRIVER'S LICENSE |            | RATING<br>(If Applicable)                           | DATE OF<br>EXAMINATION /<br>CONFERMENT                                      | PLACE OF EXAMINATION / CONFERMENT | LICENSE (if applicable)  |                            |
|  |  |            |   |   |                                   | NUMBER                   | Date of<br>Validity        |
|  | LICENSED PROFESSIONAL TEACHER  |            |   |   |                                   |                          |                            |
|  | PD 907- ELIGIBILITY  |            |   |   |                                   |                          |                            |
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| (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. |  |            |   |   |                                   |                          |                            |
| 28.  | INCLUSIVE DATES<br>(mm/dd/yyyy)  |            | POSITION TITLE<br>(Write in full/Do not abbreviate) | DEPARTMENT / AGENCY / OFFICE / COMPANY<br>(Write in full/Do not abbreviate) | MONTHLY<br>SALARY                 | STATUS OF<br>APPOINTMENT | GOV'T<br>SERVICE<br>(Y/ N) |
|  | From   | To         |   |   |                                   |                          |                            |
|  | 9/28/2022  | 12/20/2023 | Part-Time Instructor                                | Visayas State University- Department of<br>Philosophy and Social Sciences   | 13,000-14,400                     | Contractual              | Y                          |
|  |  |            |   |   |                                   |                          |                            |
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| SIGNATURE  |  |            |   |   | DATE                              |                          |                            |

**VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S**

| 29. | NAME & ADDRESS OF ORGANIZATION<br>(Write in full) | INCLUSIVE DATES<br>(mm/dd/yyyy) |    | NUMBER OF<br>HOURS | POSITION / NATURE OF WORK |
|-----|---|---------------------------------|----|--------------------|---------------------------|
|     |   | From                            | To |                    |                           |
|     | N/A   |                                 |    |                    |                           |
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(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<br>INTERVENTIONS/TRAINING PROGRAMS<br>(Write in full) | INCLUSIVE DATES OF<br>ATTENDANCE<br>(mm/dd/yyyy) |    | NUMBER OF<br>HOURS | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full) |
|-----|---|--|----|--------------------|---|--|
|     |   | From   | To |                    |   |  |
|     | N/A   |  |    |                    |   |  |
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**VIII. OTHER INFORMATION**

| 31. SPECIAL SKILLS and HOBBIES | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. MEMBERSHIP IN<br>ASSOCIATION/ORGANIZATION<br>(Write in full) |
|--------------------------------|--|--|
| COMPUTER LITERATE              | N/A  | N/A  |
|                                |  |  |
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| <b>SIGNATURE</b> |  | <b>DATE</b> |  |
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| <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><br><br><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> <hr/> <p><input type="checkbox"/> YES     <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p> <p><input type="checkbox"/> YES     <input checked="" type="checkbox"/> NO</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>If YES, give details: _____</p> <p><input type="checkbox"/> YES     <input checked="" type="checkbox"/> NO</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>If YES, give details: _____</p> <p><input type="checkbox"/> YES     <input checked="" type="checkbox"/> NO</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><br><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> <hr/> <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>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><input type="checkbox"/> YES     <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES     <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID 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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>JAY C. BANSALE</td> <td>MAC ARTHUR, 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. | JAY C. BANSALE        | MAC ARTHUR, LEYTE |                          |                |                         |                          |  |  |                 |
| NAME  | ADDRESS  | TEL. NO. |  |          |                       |                   |                          |                |                         |                          |  |  |                 |
| JAY C. BANSALE  | MAC ARTHUR, LEYTE  |          |  |          |                       |                   |                          |                |                         |                          |  |  |                 |
|   |  |          |  |          |                       |                   |                          |                |                         |                          |  |  |                 |
|   |  |          |  |          |                       |                   |                          |                |                         |                          |  |  |                 |
| <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> |  |          |  |          |                       |                   |                          |                |                         |                          |  |  |                 |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PhilHealth</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>13-250506656-5</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>March 2022- Baybay, City</td> </tr> </table>                    | Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)   |          | PLEASE INDICATE ID Number and Date of Issuance |          | Government Issued ID: | PhilHealth        | ID/License/Passport No.: | 13-250506656-5 | Date/Place of Issuance: | March 2022- Baybay, City | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 60px; vertical-align: bottom; text-align: center;"> Signature (Sign inside the box)<br/> 12/20/2023<br/> Date Accomplished </td> <td style="width: 100px; height: 100px; vertical-align: bottom; text-align: center;"> Right Thumbmark </td> </tr> </table> | Signature (Sign inside the box)<br>12/20/2023<br>Date Accomplished | Right Thumbmark |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  |  |          |  |          |                       |                   |                          |                |                         |                          |  |  |                 |
| PLEASE INDICATE ID Number and Date of Issuance  |  |          |  |          |                       |                   |                          |                |                         |                          |  |  |                 |
| Government Issued ID:   | PhilHealth   |          |  |          |                       |                   |                          |                |                         |                          |  |  |                 |
| ID/License/Passport No.:  | 13-250506656-5   |          |  |          |                       |                   |                          |                |                         |                          |  |  |                 |
| Date/Place of Issuance:   | March 2022- Baybay, City   |          |  |          |                       |                   |                          |                |                         |                          |  |  |                 |
| Signature (Sign inside the box)<br>12/20/2023<br>Date Accomplished  | Right Thumbmark  |          |  |          |                       |                   |                          |                |                         |                          |  |  |                 |
| <p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;"> <table border="1" style="width: 200px; margin: 0 auto;"> <tr> <td style="height: 30px;"> </td> </tr> <tr> <td>Person Administering Oath</td> </tr> </table> </div>   |  |          | Person Administering Oath                      |          |                       |                   |                          |                |                         |                          |  |  |                 |
|   |  |          |  |          |                       |                   |                          |                |                         |                          |  |  |                 |
| Person Administering Oath   |  |          |  |          |                       |                   |                          |                |                         |                          |  |  |                 |



PHOTO

