

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 | BOJA | | |
| FIRST NAME | KIM CHRISTINE | NAME EXTENSION (JR., SR) N/A | |
| MIDDLE NAME | SAJA | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 8/15/2000 | 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 | PASAY CTY METRO MANILA | 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: | | |
| 7. HEIGHT (m) | 5'8 | 17. RESIDENTIAL ADDRESS | N/A House/Block/Lot No. Street N/A TABOK Subdivision/Village Barangay HINDANG LEYTE City/Municipality Province |
| 8. WEIGHT (kg) | 60 | ZIP CODE | 6523 |
| 9. BLOOD TYPE | A | 18. PERMANENT ADDRESS | N/A House/Block/Lot No. Street N/A TABOK Subdivision/Village Barangay HINDANG LEYTE City/Municipality Province |
| 10. GSIS ID NO. | N/A | ZIP CODE | 6523 |
| 11. PAG-IBIG ID NO. | N/A | | |
| 12. PHILHEALTH NO. | 080267463232 | | |
| 13. SSS NO. | 34-9910550-0 | 19. TELEPHONE NO. | N/A |
| 14. TIN NO. | N/A | 20. MOBILE NO. | 09465368238 |
| 15. AGENCY EMPLOYEE NO. | N/A | 21. E-MAIL ADDRESS (if any) | bojakimchristine@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 | YSABELLE HOPE BOJA | 4/12/2021 |
| MIDDLE NAME | N/A | | | |
| OCCUPATION | N/A | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | |
| BUSINESS ADDRESS | N/A | | | |
| TELEPHONE NO. | N/A | | | |
| 24. FATHER'S SURNAME | BOJA | | | |
| FIRST NAME | WILLIAM | NAME EXTENSION (JR., SR) N/A | | |
| MIDDLE NAME | MADJOS | | | |
| 25. MOTHER'S MAIDEN NAME | BRENDA TENIO SAJA | | | |
| SURNAME | BOJA | | | |
| FIRST NAME | BRENDA | | | |
| MIDDLE NAME | SAJA | | (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 | TABOK ELEMENTARY SCHOOL | PRIMARY EDUCATION | 6/4/2007 | 3/30/2012 | N/A | 2012 | N/A |
| SECONDARY | HINDANG NATIONAL HIGH SCHOOL | SENIOR HIGH - HUMANITIES AND SOCIAL SCIENCES | 6/6/2016 | 4/4/2018 | N/A | 2018 | WITH HIGH HONOR |
| VOCATIONAL / TRADE COURSE | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| COLLEGE | VISAYAS STATE UNIVERSITY - MAIN CAMPUS | BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION | 8/1/2018 | 8/12/2022 | N/A | 2022 | 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 | January 13, 2023 |
|-----------|--|------|------------------|

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: November 9, 2022 – December 9, 2022
- Position: Processor in Project SPLIT (Support to Parcelization of Lands for Individual Titling) of Department of Agrarian Reform
- Name of Office/Unit: Department of Agrarian Reform Municipal Office – Bato, Leyte
- Immediate Supervisor: Ma. Jun A. Cinco
- Name of Agency/Organization and Location: Department of Agrarian Reform Provincial Office – Tacloban City
- List of Accomplishments and Contributions (if any)
 - Accomplished the assigned workload within the target duration and submitted the 100 hectares of landholdings.
- Summary of Actual Duties
 - Ensured that all important documents (copy of CCLOA, list of co-owners, approved master list, approved subdivision plan, lot allocation agreement, and notice of meeting) were complete prior the field validation survey.
 - Gathered additional supporting documents/technical data needed in the parcelization of CCLOA.
 - Assisted the Geodetic Engineer in the pre-parcelization activities and in the processing of field survey data.
 - Assisted the conduct of meetings, dialogues, and prepared all the Individual Land Distribution Folders.
 - Assisted the generation, registration, and issuance of individual computerized title (e-title).
 - Encoded and uploaded all the data to the data management system.

- Duration: November 8, 2021 – January 25, 2022
- Position: Radio Intern
- Name of Office/Unit: Development Campus Radio Station DYDC-FM 104.7
- Immediate Supervisor: Sarah Faith C. Daclizon
- Name of Agency/Organization and Location: Visayas State University-Main Campus (Baybay City, Leyte) Development Campus Radio Station
- List of Accomplishments and Contributions (if any)
 - Finished the workload within the allotted time such as Kalambuan news, radio plugs, radio documentaries, and voxpop.

- Summary of Actual Duties

- Interviewed different organizations and private individuals that were proactive in contributing progress, particularly in Hindang, Leyte as area coverage for *kalambuan news*.
- Conferred with potential interviewees to gather relevant information for the production of radio plugs, documentaries, and vox pop.

- Duration: June 24, 2019 – June 27, 2019

- Position: Brand Ambassadors

- Name of Office/Unit: MNC Auto Care Center – Castrol Service

- Immediate Supervisor: Arbe Gonzales

- Name of Agency/Organization and Location: Prestone Products Corporation Cebu, City

- List of Accomplishments and Contributions (if any)

- Helped increase the income of the agency during the events.

- Summary of Actual Duties



- Demonstrated to the customers the best quality impacts of the engine oil on the performance of all vehicles effectively.
- Discussed with the customers about the offered free services at the first purchase like tire replacement and alignment, and tapping car maintenance using the endorsed products.



KIM CHRISTINE S. BOJA

(Signature over Printed Name
of Employee/Applicant)

Date: January 13, 2023

| 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)? | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
|--|---|------------|---------|----------|------------------|-----------------|--|-------------------------|--------------------|------------|---------------|------------|------------|
| 35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court? | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div> | | | | | | | | | | | | |
| 36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 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? | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 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? | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 39. Have you acquired the status of an immigrant or permanent resident of another country? | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div> | | | | | | | | | | | | |
| 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? | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div>296</div> | | | | | | | | | | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) | | | | | | | | | | | | | |
| <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>MA. JUN A. CINCO</td><td>HILONGOS, LEYTE</td><td></td></tr><tr><td>SARAH FAITH C. DACLIZON</td><td>BAYBAY CITY, LEYTE</td><td>9452500996</td></tr><tr><td>ARBE GONZALES</td><td>CEBU, CITY</td><td>9209581577</td></tr></table> | | NAME | ADDRESS | TEL. NO. | MA. JUN A. CINCO | HILONGOS, LEYTE | | SARAH FAITH C. DACLIZON | BAYBAY CITY, LEYTE | 9452500996 | ARBE GONZALES | CEBU, CITY | 9209581577 |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | |
| MA. JUN A. CINCO | HILONGOS, LEYTE | | | | | | | | | | | | |
| SARAH FAITH C. DACLIZON | BAYBAY CITY, LEYTE | 9452500996 | | | | | | | | | | | |
| ARBE GONZALES | CEBU, CITY | 9209581577 | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| <div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PHILHEALTH</div> <div>ID/License/Passport No.: 080267463232</div> <div>Date/Place of Issuance: 03/15/2021 - CABUYAO, LAGUNA</div> | <div><div>Signature (Sign inside the box)</div><div>January 13, 2023</div><div>Date Accomplished</div></div> | | | | | | | | | | | | |
| <div> PHOTO</div> <div> Right Thumbmark</div> | | | | | | | | | | | | | |
| SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. | | | | | | | | | | | | | |
| <div>Person Administering Oath</div> | | | | | | | | | | | | | |