

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	ARBISO		
FIRST NAME	LICHELL BHONG		NAME EXTENSION (JR, SR) N/A
MIDDLE NAME	BIOCO		
3. DATE OF BIRTH (mm/dd/yyyy)	02/10/2002	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	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	LOT 119, WORLD VISION House/Block/Lot No. Street Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.54	ZIP CODE	
8. WEIGHT (kg)	48	18. PERMANENT ADDRESS	LOT 119, WORLD VISION House/Block/Lot No. Street Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
9. BLOOD TYPE	O+	ZIP CODE	6541
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121344869982	20. MOBILE NO.	09066185844
12. PHILHEALTH NO.	13-250757377-4	21. E-MAIL ADDRESS (if any)	arbisolichell40@gmail.com
13. SSS NO.	06-4892668-5		
14. TIN NO.	656-058-391-00000		
15. AGENCY EMPLOYEE NO.	N/A		

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		
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	ARBISO		
FIRST NAME	MANUEL	NAME EXTENSION (JR, SR) N/A	
MIDDLE NAME	ARAÑO		
25. MOTHER'S MAIDEN NAME			
SURNAME	BIOCO		
FIRST NAME	MARIA TERESA		
MIDDLE NAME	QUINTE		

(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	LINAO CENTRAL SCHOOL	PRIMARY EDUCATION	2008	2014	N/A	2014	ACHIEVER
SECONDARY	LINAO NATIONAL HIGH SCHOOL	HIGH SCHOOL	2014	2018	N/A	2018	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS	2018	2024	N/A	2024	CUM LAUDE
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE	DATE	April 21, 2025
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	April 21, 2025
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[illegible]

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

[illegible]










(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COOKING		N/A		YOUTH FOR ENVIRONMENT IN SCHOOL ORGANIZATIONS
	PLANTING				MATHEMATICS STUDENT SOCIETY
	CHESS				
	PHOTOGRAPHY				
	READING				

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	April 21, 2025
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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> <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> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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> <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> <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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</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>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><input type="checkbox"/> YES <input checked="" type="checkbox"/> 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>RAMIL COSTA</td> <td>ORMOC CITY, LEYTE</td> <td>9514611171</td> </tr> <tr> <td>LOEZENETH ONATE</td> <td>ORMOC CITY, LEYTE</td> <td>9654150983</td> </tr> <tr> <td>FLORDELYN PORIO</td> <td>ORMOC CITY, LEYTE</td> <td>9700681018</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	RAMIL COSTA	ORMOC CITY, LEYTE	9514611171	LOEZENETH ONATE	ORMOC CITY, LEYTE	9654150983	FLORDELYN PORIO	ORMOC CITY, LEYTE	9700681018
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<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>													
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<p>SUBSCRIBED AND SWORN to before me this <u>22 APR 2025</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ATTY. KAREN ROSE D. SALAZAR-TALUA</p> <p>Public Attorney II</p> <p>PURSUANT TO RA 9406</p> <p>Person Administering Oath</p> </div>													