

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	CAYUBIT		
FIRST NAME	NIEL JR.		NAME EXTENSION (JR., SR)
MIDDLE NAME	TEVES		
3. DATE OF BIRTH (mm/dd/yyyy)	07/11/1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAHAY, SIBONGA, CEBU	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
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	R. BACALTOS
7. HEIGHT (m)	1.7	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	65		POBLACION
9. BLOOD TYPE	O		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		SIBONGA CEBU
11. PAG-IBIG ID NO.	1211-3469-7218		City/Municipality Province
12. PHILHEALTH NO.	12-051392799-7	ZIP CODE	6020
13. SSS NO.	06-3622954-3	18. PERMANENT ADDRESS	R. BACALTOS
14. TIN NO.	320-214-500	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.			POBLACION
			Subdivision/Village Barangay
			SIBONGA CEBU
			City/Municipality Province
			6020
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	0975-950-7882
		21. E-MAIL ADDRESS (if any)	ntcayubit@up.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CAYUBIT		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ELLEN	NAME EXTENSION (JR., SR)	ELISE NILE C. CAYUBIT	07/24/2023
MIDDLE NAME	CERNA			
OCCUPATION	PROFESSIONAL TEACHER			
EMPLOYER/BUSINESS NAME	CEBU TECHNOLOGICAL UNIVERSITY - ARGAO CAMPUS			
BUSINESS ADDRESS	LAMACAN, ARGAO, 6021 CEBU			
TELEPHONE NO.	9153489533			
24. FATHER'S SURNAME	CAYUBIT			
FIRST NAME	NIEL SR.	NAME EXTENSION (JR., SR)		
MIDDLE NAME	OLIVAR			
25. MOTHER'S MAIDEN NAME	CYNDRELLE JURADO TEVES			
SURNAME	CAYUBIT			
FIRST NAME	CYNDRELLE			
MIDDLE NAME	TEVES		(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	SIBONGA CENTRAL ELEMENTARY SCHOOL	PRIMARY EDUCATION	Jun. 2003	Mar. 2009	(GRADUATED)	2009	WITH HONORS
SECONDARY	SIBONGA NATIONAL HIGH SCHOOL	HIGH SCHOOL EDUCATION	Jun. 2009	Mar. 2013	(GRADUATED)	2013	WITH HONORS
VOCATIONAL / TRADE COURSE							
COLLEGE	SIBONGA COMMUNITY COLLEGE	BSED - MATHEMATICS	Oct. 2015	May 2020	(GRADUATED)	2020	CUM LAUDE
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES CEBU	MASTER OF EDUCATION (MATHEMATICS)	Sep. 2021	Dec. 2023	(GRADUATED)	2023	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 25, 2024
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(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)
READING BOOKS	N/A	SAVE PHILIPPINE SEAS
DRAWING		
PAINTING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 25, 2024
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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 checked="" 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 type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>ATTY. EDWARD MAGLUCOT, Ph.D.</td><td>CARCAR CITY, CEBU</td><td>0917-677-7116</td></tr><tr><td>SHANNA A. ORACION</td><td>CEBU CITY, CEBU</td><td>0922-520-1318</td></tr><tr><td>DAISY Y. FOMOCOD</td><td>MINGLANILA, CEBU</td><td>0936-169-3833</td></tr></table>			NAME	ADDRESS	TEL. NO.	ATTY. EDWARD MAGLUCOT, Ph.D.	CARCAR CITY, CEBU	0917-677-7116	SHANNA A. ORACION	CEBU CITY, CEBU	0922-520-1318	DAISY Y. FOMOCOD	MINGLANILA, CEBU	0936-169-3833
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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: PRC</div> <div>ID/License/Passport No.: 2088112</div> <div>Date/Place of Issuance: 08/08/2023/MANDAUE CITY, CEBU</div>	<div><div></div><div>Signature (Sign inside the box)</div><div>JUNE 25, 2024</div><div>Date Accomplished</div></div>	<div><div></div><div>PHOTO</div></div> <div><div></div><div>Right Thumbmark</div></div>												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div></div> <div>Person Administering Oath</div>														