

## 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	ALDAMIA		
FIRST NAME	LOUIE JAMES	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ABIERA		
3. DATE OF BIRTH (mm/dd/yyyy)	02/22/2002	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	BARANGAY HILUSIG, MAHAPLAG, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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)	1.635	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. Street N/A HILUSIG Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province
8. WEIGHT (kg)	60	ZIP CODE	6512
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A HILUSIG Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6512
11. PAG-IBIG ID NO.	121353577760	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	132506595529	20. MOBILE NO.	09502455988
13. SSS NO.	N/A	21. E-MAIL ADDRESS (if any)	aldamialouiejames@gmail.com
14. TIN NO.	65671028600000		
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	NAME EXTENSION (JR., SR)	N/A	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	ALDAMIA			
FIRST NAME	LOUIE JAMES	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ABIERA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ABIERA			
FIRST NAME	LUZ			
MIDDLE NAME	RAMORES		(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	HILUSIG ELEMENTARY SCHOOL	N/A	2008	2014	N/A	2014	N/A
SECONDARY	MAHAPLAG NATIONAL HIGH SCHOOL - UPPER	N/A	2014	2018	N/A	2018	N/A
SENIOR HIGH SCHOOL	MAHAPLAG NATIONAL HIGH SCHOOL - LOWER	SCIENCE, TECHNOLOGY, ENGINEERING, and MATHEMATICS (STEM)	2018	2020	N/A	2020	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN CHEMISTRY	2020	2024	N/A	2024	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SIGNATURE

DATE

[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)

<i>SIGNATURE</i>		<i>DATE</i>	
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[illegible]

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

[illegible]

#### VIII. OTHER INFORMATION

	NON-ACADEMIC DISTINCTIONS / RECOGNITION	MEMBERSHIP IN ASSOCIATION/ORGANIZATION
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31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Proficient in computer software and hardware troubleshooting		N/A		N/A
	Knowledgeable in Microsoft Office (Word, Excel, PowerPoint)				
	Strong problem-solving and analytical skills				

SIGNATURE		DATE	
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>ALLAN A. RAMAL</td> <td>BRGY. MALINAO, MAHAPLAG, LEYTE</td> <td></td> </tr> <tr> <td>MARK RYAN R. TRIPOLE</td> <td>BRGY. SUGUINON, ALBUERA, LEYTE</td> <td></td> </tr> <tr> <td>JANE M. ABAPO</td> <td>BAYBAY CITY</td> <td></td> </tr> </tbody> </table>	NAME	ADDRESS	TEL. NO.	ALLAN A. RAMAL	BRGY. MALINAO, MAHAPLAG, LEYTE		MARK RYAN R. TRIPOLE	BRGY. SUGUINON, ALBUERA, LEYTE		JANE M. ABAPO	BAYBAY CITY		<div style="border: 1px solid black; height: 150px; margin-bottom: 10px;"></div> <div style="text-align: center; font-size: small;">PHOTO</div> <div style="border: 1px solid black; height: 100px; margin-bottom: 10px;"></div> <div style="text-align: center; font-size: small;">Right Thumbmark</div>
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MARK RYAN R. TRIPOLE	BRGY. SUGUINON, ALBUERA, LEYTE												
JANE M. ABAPO	BAYBAY CITY												
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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">           Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  <b>PLEASE INDICATE ID Number and Date of Issuance</b> </td> <td rowspan="4" style="width: 70%; padding: 10px; vertical-align: middle;"> <div style="border: 1px solid black; height: 150px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 30px;"></div> </td> </tr> <tr> <td style="padding: 2px;">           Government Issued ID: <b>DRIVER'S LICENSE</b> </td> </tr> <tr> <td style="padding: 2px;">           ID/License/Passport No.: <b>H12-24-003842</b> </td> </tr> <tr> <td style="padding: 2px;">           Date/Place of Issuance: <b>11/12/2024</b> </td> </tr> </table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <b>PLEASE INDICATE ID Number and Date of Issuance</b>	<div style="border: 1px solid black; height: 150px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 30px;"></div>	Government Issued ID: <b>DRIVER'S LICENSE</b>	ID/License/Passport No.: <b>H12-24-003842</b>	Date/Place of Issuance: <b>11/12/2024</b>							
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div style="border: 1px solid black; width: 300px; height: 60px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 200px; margin: 0 auto; padding: 5px;">         Person Administering Oath       </div>													