

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)

PERSONAL INFORMATION

2. SURNAME BERTUFO		NAME EXTENSION (JR., SR.) N/A	
FIRST NAME GINA			
MIDDLE NAME MORANTE			
3. DATE OF BIRTH (mm/dd/yyyy) 06/14/1998	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 DAGAMI, LERTE	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 House/Block/Lot No. BANGAY AS CIBORAN Subdivision/Village TUBORAN CMT City/Municipality Lernte Province		
7. HEIGHT (m) 5'11"	ZIP CODE		
8. WEIGHT (kg) 60	18. PERMANENT ADDRESS House/Block/Lot No. BANGAY AS CIBORAN Subdivision/Village TUBORAN CMT City/Municipality Lernte Province		
9. BLOOD TYPE O			
10. GISIS ID NO.			
11. PAG-BIG ID NO. 1212-7082-6648			
12. PHILHEALTH NO. 18-02555645-2	ZIP CODE 6500		
13. SSS NO. 06-4389019-8	19. TELEPHONE NO. N/A		
14. TIN NO. 380-892-402-000	20. MOBILE NO. 0904731393		
15. AGENCY EMPLOYEE NO.	21. E-MAIL ADDRESS (if any) bertufogina@gmail.com		

II. FAMILY BACKGROUND

22. SPOUSES SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO.	N/A	NAME EXTENSION (JR., SR.) N/A	23. NAME OF CHILDREN (Write full name and list all) N/A	DATE OF BIRTH (mm/dd/yyyy) N/A
	N/A			
24. FATHER'S SURNAME FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	BERTUFO GERARDO BOADE	NAME EXTENSION (JR., SR.) N/A		
	MORANTE DINA MARITE			

III. EDUCATIONAL BACKGROUND

26. LEVEL ELEMENTARY SECONDARY VOCATIONAL / TRADE COURSE COLLEGE GRADUATE STUDIES	NAME OF SCHOOL (Write in full) CABOGAN ELEMENTARY SCHOOL Lernte National High School Saint Paul School of Professional Studies	BASIC EDUCATION/DEGREE/COURSE (Write in full) Graduate Bachelor of Science in Education	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED 4th Honorate member
			From	To			
			2004	2010	Graduate	2010	
			2010	2014	Graduate	2014	
			2014	2020	Graduate	2020	

SIGNATURE	DATE
	10/27/20



#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

## V. WORK EXPERIENCE

***(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.***

[illegible]

**SIGNATURE**

DATE \_\_\_\_\_

10/17/22

[illegible]

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

[illegible]

### VIII. OTHER INFORMATION



(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/27/22
-----------	---	------	----------



34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the 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?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
b. Have you been criminally charged before any court?			<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 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)			
NAME		ADDRESS	TEL. NO.
Channingyne Yentema		Palo, Lucit	0915 9127446
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 cases against me.			
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: Philippine Identification Card ID/License/Passport No.: 4579-0627-10969589 Date/Place of Issuance: Aug. 14, 2021			Signature (Sign inside the box) Date Accomplished: 10/03/20
 GINIE M. BEKTULFO PHOTO			 Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath