

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	DELA CRUZ		
FIRST NAME	PERLENE JOYCE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BARTOLO		
3. DATE OF BIRTH (mm/dd/yyyy)	FEBRUARY 7, 2001	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	POOK, KALIBO, AKLAN	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
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	915 SITIO KAWATIHAN House/Block/L of No. Street POOK Subdivision/Village Barangay KALIBO AKLAN City/Municipality Province
7. HEIGHT (m)	1.62		
8. WEIGHT (kg)	40	ZIP CODE	
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	915 SITIO KAWATIHAN House/Block/L of No. Street POOK Subdivision/Village Barangay KALIBO AKLAN City/Municipality Province
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	11-2505746-0	ZIP CODE	5600
13. SSS NO.	07-4267425-7	19. TELEPHONE NO.	N/A
14. TIN NO.	640-215-178-00000	20. MOBILE NO.	09608569297
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	perlencyce@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DELA CRUZ			
FIRST NAME	RUPERTO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PASTRANA			
25. MOTHER'S MAIDEN NAME				
SURNAME	BARTOLO			
FIRST NAME	MYLENE			
MIDDLE NAME	ROMAY			

(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	ANDAGAW ELEMENTARY SCHOOL	ELEMENTARY GRADUATE	2007	2013		2013	
SECONDARY	AKLAN NAT'L HIGHSCHOOL FOR ARTS AND TRADES	HIGHSCHOOL GRADUATE	2013	2017		2017	ARTISAN AWARDEE
VOCATIONAL / TRADE COURSE			2017	2019		2019	WITH HONORS
COLLEGE	AKLAN STATE UNIVERSITY	COLLEGE GRADUATE	2019	2023		2023	
GRADUATE STUDIES							

SIGNATURE

DATE

JUNE 5, 2024

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 5, 2024
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	RED CROSS YOUTH COUNCIL- AKLAN				VOLUNTEER

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	PREPARE LAND FOR AGRICULTURAL CROPS PRODUCTION	11/25/2021	12/15/2021	80 hours		TECHNICAL SKILLS AND EDUCATION DEVELOPMENT AUTHORITY
	ENTREPRENEURSHIP TRAINING PROGRAM			24 hours		

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	ADAPTABILITY			
	TEAMWORK			
	TIME MANAGEMENT			
	DATA ANALYSIS			
	PROFICIENT IN MICROSOFT OFFICE SUITE			
	VIDEO/ PHOTO EDITING			
	DOCUMENT MANAGEMENT			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 5, 2024
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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)?		<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:</div> <div>Date Filed: </div> <div>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 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)		
NAME		ADDRESS
JESUSA D. CONSTANTINO, EdD		NUMANCIA, AKLAN
MARY GRACE P. LAYGAN		KALIBO, AKLAN
MARGIE Y. SUMANGA, PhD		BANGA, AKLAN
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 ID</div> <div>ID/License/Passport No.: 0044526</div> <div>Date/Place of Issuance: APRIL 24, 2024/ ILOILO CITY</div>		<div><div>Signature (Sign inside the box)</div><div>JUNE 5, 2024</div><div>Date</div></div> <div>Right Thumbmark</div>

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

Person Administering Oath

