

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. CSC ID NO.** (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	BERONILLA		
FIRST NAME	ABIGAIL ROSE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ANDRADE		
3. DATE OF BIRTH (mm/dd/yyyy)	05/03/1997	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	QUEZON CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Philippines	
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	248 N/A House/Block/Lot No. Street N/A TABGAS Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province 6542
7. HEIGHT (m)	153 cm	ZIP CODE	6542
8. WEIGHT (kg)	55 kg	18. PERMANENT ADDRESS	248 N/A House/Block/Lot No. Street N/A TABGAS Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province 6542
9. BLOOD TYPE	B+	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A	20. MOBILE NO.	09056840198/09924284425
11. PAG-IBIG ID NO.	121272835015	21. E-MAIL ADDRESS (if any)	abigaileberonilla97@gmail.com
12. PHILHEALTH NO.	132519043363		
13. SSS NO.	06-4276728-0		
14. TIN NO.	640-449-080-00000		
15. AGENCY EMPLOYEE NO.	N/A		

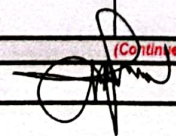
II. FAMILY BACKGROUND

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	NAME EXTENSION (JR., SR)	MARGAILE NICOLETTE B. CORTAL	11/12/2016
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BERONILLA			
FIRST NAME	FLORENCIO	SR.		
MIDDLE NAME	ROM			
25. MOTHER'S MAIDEN NAME	MA. FLOR Y. ANDRADE			
SURNAME	ANDRADE			
FIRST NAME	MA. FLOR			
MIDDLE NAME	YGAÑA			

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	ST. PAUL'S SCHOOL OF ORMOC FOUNDATION, INC.	ELEMENTARY	2004	2010	GRADUATED	2010	N/A
SECONDARY	VSU LABORATORY HIGH SCHOOL	HIGH SCHOOL	2010	2014	GRADUATED	2014	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ELEMENTARY EDUCATION	2014	2018	GRADUATED	2018	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A


(Continue on separate sheet if necessary)

SIGNATURE		DATE	FEBRUARY 24, 2025
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	FEBRUARY 24, 2025
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FEBRUARY 24, 2025

[illegible]

(Continue on separate sheet if necessary)

VI. LEARNING AND DEVELOPMENT (L&D) INTERVENTION/ TRAINING PROGRAMS ATTENDED

[illegible]

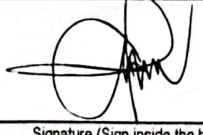

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER LITERATE	N/A		N/A
(Continue on separate sheet if necessary)				
SIGNATURE		DATE		FEBRUARY 24, 2025

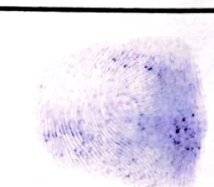
SIGNATURE		DATE	FEBRUARY 24, 2025
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<p>34. Are you related by consanguinity or affinity to the appointing or recommending chief of bureau or office or to the person who has immediate supervision over you Bureau or Department where you will be appointed,</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 checked="" type="checkbox"/> YES <input 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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>PROTACIO RIZALITO M. CENIZA</td> <td>POBLACION, ALBUERA, LEYTE</td> <td>09177269249</td> </tr> <tr> <td>MARIO EDELITO BAUL</td> <td>TABGAS, ALBUERA, LEYTE</td> <td>09658108354</td> </tr> <tr> <td>MA. THESEBELLE S. CAYADONG</td> <td>POBLACION, ALBUERA, LEYTE</td> <td>09267925068</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	PROTACIO RIZALITO M. CENIZA	POBLACION, ALBUERA, LEYTE	09177269249	MARIO EDELITO BAUL	TABGAS, ALBUERA, LEYTE	09658108354	MA. THESEBELLE S. CAYADONG	POBLACION, ALBUERA, LEYTE	09267925068
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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>													
<p>Government issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued IC PRC-ID</p> <p>ID/License/Passport No. 1814330</p> <p>Date/Place of Issuance 12/19/2019 - TACLOBAN CITY</p>	<p style="text-align: center;">  Signature (Sign inside the box) FEBRUARY 24, 2025 Date Accomplished </p>												
<p>SUBSCRIBED AND SWORN to before me this <u>FEB 24 2025</u> Affiant exhibiting his/her validly issued government ID as indicated above.</p>													
<p>  ATTY. KAREN R. SALAZAR-TALUA Person Administering Oath PURSUANT TO RA 9406 </p>													



PHOTO



Right Thumbmark