

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	MARINAY		
FIRST NAME	ALBERTO	NAME EXTENSION (JR., SR.) JR	
MIDDLE NAME	EVANGELISTA		
3. DATE OF BIRTH (mm/dd/yyyy)	9/18/1994	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	PLARIDEL BAYBAY LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	☒ Male ☐ Female	17. RESIDENTIAL ADDRESS	0076 PIKAS House/Block/Lot No Street FCIC VILLAGE GAAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
6. CIVIL STATUS	☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:	ZIP CODE	6521
7. HEIGHT (m)	1.68 m	18. PERMANENT ADDRESS	0076 PIKAS House/Block/Lot No Street FCIC VILLAGE GAAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
8. WEIGHT (kg)	54 kg	ZIP CODE	6521
9. BLOOD TYPE	A+	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A	20. MOBILE NO.	09068222556
11. PAG-IBIG ID NO.	1211-7270-3652	21. E-MAIL ADDRESS (if any)	marinay.alberto1326@gmail.com
12. PHILHEALTH NO.	13-025406823-4		
13. SSS NO.	06-3832480-2		
14. TIN NO.	329-001-112-000		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MARINAY		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JENNIFER	NAME EXTENSION (JR., SR.) N/A	JANINE MAE MARINAY	9/3/2013
MIDDLE NAME	MONION		ANTHONY JAMES MARINAY	11/13/2018
OCCUPATION	HOUSEWIFE			
EMPLOYER/BUSINESS NAME	FCIC			
BUSINESS ADDRESS	A. BONIFACIO ST.			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MARINAY			
FIRST NAME	ALBERTO	NAME EXTENSION (JR., SR.) SR		
MIDDLE NAME	SABUCIDO			
25. MOTHER'S MAIDEN NAME	MARIA FE BALATE EVANGELISTA			
SURNAME	MARINAY			
FIRST NAME	MARIA FE			
MIDDLE NAME	EVANGELISTA			

(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	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	GRADE 1 - GRADE 6	6/9/2002	3/15/2008	N/A	2008	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	1ST YEAR - 4TH YEAR	6/9/2008	3/19/2011	N/A	2011	N/A
VOCATIONAL / TRADE COURSE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	TESDA (HOUSEKEEPING)	2015	2015	N/A	2015	NCII
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION	6/6/2011	3/19/2016	N/A	2016	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	March 20, 2021
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	March 20, 2021
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29

N/A

INCLUSIVE DATES
(mm/dd/yyyy)

From

To

NUMBER OF HOURS

POSITION / NATURE OF WORK

N/A

(Continue on separate sheet if necessary)

(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

N/A

INCLUSIVE DATES OF
ATTENDANCE
(mm/dd/yyyy)

From

To

NUMBER OF HOURS

Type of LD
(Managerial/
Supervisory/
Technical/etc)

CONDUCTED/ SPONSORED BY
(Write in full)

NEA

(Continue on separate sheet if necessary)

31

SPECIAL SKILLS and HOBBIES

MULTI-TASKING

COMPUTER LITERATE

TIME MANAGEMENT

DRIVING

SALES TALK

PLAYING BASKETBALL

32

NON-ACADEMIC DISTINCTIONS / RECOGNITION
(Write in full)

N/A

33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
(Write in full)

N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

MARCH 20, 2021

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)?

☐ YES ☒ NO
☐ YES ☒ 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?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ 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?

☐ YES ☒ 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?

☒ YES ☐ NO
If YES, give details: I resigned because I want to join in AFP.

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?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ NO
If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ 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?

☐ YES ☒ NO
If YES, please specify: _____
☐ YES ☒ NO
If YES, please specify ID No: _____
☐ YES ☒ NO
If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TEL. NO.
MR. ANTHONY FLORENCE ROSAL	ZONE 18, BAYBAY CITY, RAFI MICRO FINANCE MANAGER	09672532598
SISTER M. EMILIE IGANO, OSF	FCIC, OSF PROVINCIAL SUPERIOR, & ACCOUNTING PROFESSOR	09195628529
MR. RONNEL LOREJAS	BICOL, IROSIN BRANCH MANAGER	09675047750

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.



Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: DRIVER'S LICENSE
ID/License/Passport No.: H1216001625
Date/Place of Issuance: LTO, BAYBAY CITY

Signature (Sign inside the box)
MARCH 20, 2021
Date Accomplished

SUBSCRIBED AND SWORN to before me this MAR 20 2021, affiant exhibiting his/her validly issued government ID as indicated above.

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ATTY. RENE ALLAN G. JERVOSO
Notary Public for Baybay City,
Mahaplag and Albueria, Leyte
MC No. 14-1501-02 / Until June 30, 2021
MORRIS: Person Administering Oath
ID No. 13-00000000000000000000 / Baybay City / 12-11-20
PTR No. 5150181/Albueria Leyte/1-4-21
TIN No. 011-790-898/Roll No. 48353
MCLE Compliance No. VI-0011137