

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	BOREN		
FIRST NAME	JOSEPH	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	MATARO		
3. DATE OF BIRTH (mm/dd/yyyy)	12/27/1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	PALO, 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:	17. RESIDENTIAL ADDRESS	ZONE I House/Block/Lot No. _____ Street _____ Subdivision/Village _____ CANHIDOC PALO LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.65	18. PERMANENT ADDRESS	ZONE I House/Block/Lot No. _____ Street _____ Subdivision/Village _____ CANHIDOC PALO LEYTE City/Municipality _____ Province _____ 6501
8. WEIGHT (kg)	75		
9. BLOOD TYPE	O+		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	121343211482	19. TELEPHONE NO.	
12. PHILHEALTH NO.	13-252646002-6	20. MOBILE NO.	0961 968 2901
13. SSS NO.	35-0150906-5	21. E-MAIL ADDRESS (if any)	josephisph143@gmail.com
14. TIN NO.	655986077		
15. AGENCY EMPLOYEE NO.			

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	BOREN		
FIRST NAME	CONRADO SR.		
MIDDLE NAME	CORPIN		
25. MOTHER'S MAIDEN NAME			
SURNAME	MATARO		
FIRST NAME	SUSANA		
MIDDLE NAME	GARIN	(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	PALO I CENTRAL SCHOOL	PRIMARY EDUCATION	2003	2009		2009	
SECONDARY	PALO NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2009	2013		2013	
VOCATIONAL / TRADE COURSE							
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BS in CHEMISTRY	2021	2024		2024	
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		10/16/2024		

IV. CIVIL SERVICE ELIGIBILITY

[illegible]


(Continue on separate sheet if necessary)


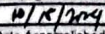

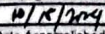

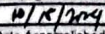

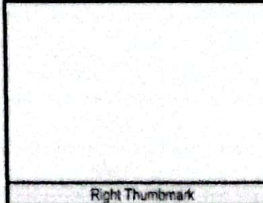

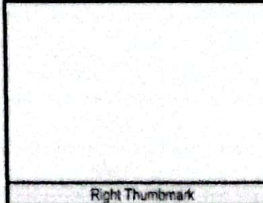

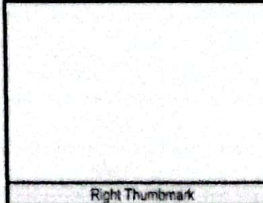
V. WORK EXPERIENCE

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)

SIGNATURE		DATE	11/18/2004
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<p>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,</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 type="checkbox"/> YES <input checked="" 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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>FE T. PIEDAD RCH, MAIS</td> <td>EASTERN VISAYAS STATE UNIVERSITY</td> <td>0917 807 0885</td> </tr> <tr> <td>ENGR. NIDA LACABA</td> <td>EASTERN VISAYAS STATE UNIVERSITY</td> <td>0926 656 8121</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	FE T. PIEDAD RCH, MAIS	EASTERN VISAYAS STATE UNIVERSITY	0917 807 0885	ENGR. NIDA LACABA	EASTERN VISAYAS STATE UNIVERSITY	0926 656 8121					
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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>															
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>															