

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	RETUYA		
FIRST NAME	IAN REV	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	ANTIGUA		
3. DATE OF BIRTH (mm/dd/yyyy)	3/2/2000	16. CITIZENSHIP	<input 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	ORMOC CITY	If holder of dual citizenship, please indicate the details.	Philippines
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	325 N/A House/Block/Lot No. Street N/A SAN PEDRO Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province
7. HEIGHT (m)	1.58	ZIP CODE	6542
8. WEIGHT (kg)	80		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	325 N/A House/Block/Lot No. Street N/A SAN PEDRO Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6542
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	1325-0284-3943	19. TELEPHONE NO.	(053) 557 0521
13. SSS NO.	06-4182898-4	20. MOBILE NO.	09551827822
14. TIN NO.	614-780-288	21. E-MAIL ADDRESS (if any)	retuyaianrev@gmail.com
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		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	RETUYA			
FIRST NAME	VICTOR ROSALIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CAORTE	JR		
25. MOTHER'S MAIDEN NAME	MENERVA GAID ANTIGUA			
SURNAME	RETUYA			
FIRST NAME	MENERVA			
MIDDLE NAME	ANTIGUA		(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	SAN PEDRO ELEMENTARY SCHOOL	PRIMARY EDUCATION	2006	2012	N/A	2010	5TH HONOR
SECONDARY	DR. GERONIMO B. ZALDIVAR MEMORIAL SCHOOL OF FISHERIES	HIGH SCHOOL	2012	2016	N/A	2014	N/A
SENIOR HIGH SCHOOL	VISAYAS STATE UNIVERSITY	HUMSS	2016	2018	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF CULTURE AND ARTS EDUCATION	2018	2022	N/A	2018	CUM LAUDE
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 08, 2024
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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	January 08, 2024
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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)?	<div><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></div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></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><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></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><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></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><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></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 items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div></div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>MA. ELENA GUY-AB</td><td>ORMOC CITY</td><td></td></tr><tr><td>MR. JOEL E. CONDE</td><td>ALBUERA, LEYTE</td><td>9168570710</td></tr><tr><td>SHEENA EUNICE TABUDLONG</td><td>BAYBAY CITY, LEYTE</td><td></td></tr></table>		NAME	ADDRESS	TEL. NO.	MA. ELENA GUY-AB	ORMOC CITY		MR. JOEL E. CONDE	ALBUERA, LEYTE	9168570710	SHEENA EUNICE TABUDLONG	BAYBAY CITY, LEYTE	
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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: NATIONAL ID</div> <div>ID/License/Passport No.: 4721-4386-1960-9157</div> <div>Date/Place of Issuance: 07/17/2021 ALBUERA, LEYTE</div>	<div><div></div><div>Signature (Sign inside the box)</div><div>January 08, 2024</div><div>Date Accomplished</div></div> <div></div> <div><div></div><div>Right Thumbmark</div></div>												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div></div> <div>Person Administering Oath</div>													