

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	CAYUNDA		
FIRST NAME	GLODY		NAME EXTENSION (JR., SR)
MIDDLE NAME	DEJARME		
3. DATE OF BIRTH (mm/dd/yyyy)	OCTOBER 25, 1988	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	MATALOM 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	0058 WALING-WALING House/Block/Lot No. Street MARCOS Subdivision/Village Barangay CITY OF BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.63	ZIP CODE	6521
8. WEIGHT (kg)	50	18. PERMANENT ADDRESS	0058 WALING-WALING House/Block/Lot No. Street MARCOS Subdivision/Village Barangay CITY OF BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	AB	ZIP CODE	6521
10. GSIS ID NO.		19. TELEPHONE NO.	
11. PAG-IBIG ID NO.	121103717214	20. MOBILE NO.	0928423759
12. PHILHEALTH NO.	13-050104818-7	21. E-MAIL ADDRESS (if any)	cayundaofficial@gmail.com
13. SSS NO.	0111-3022965-3		
14. TIN NO.	290-736-265-000		
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	CAYUNDA		JUNE 6, 1946	
FIRST NAME	GLORIOSO		NAME EXTENSION (JR., SR)	
MIDDLE NAME	SORIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CAYUNDA		JANUARY 01, 1949	
FIRST NAME	ROMANA			
MIDDLE NAME	DEJARME		(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 AGUSTINE ELEMENTARY SCHOOL	N/A	5/6/1995	03/22/2001	N/A	03/25/2001	N/A
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	N/A	6/6/2001	03/22/2005	N/A	9/3/2006	N/A
VOCATIONAL /	ST. AUGUSTINE SCHOOL OF NURSING	PRACTICAL NURSING	1/3/2007	2/3/2009	N/A	03/2/2009	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	1/8/2019	1/8/2024	N/A	TBA	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	August 1, 2025
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[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	August 01, 2025
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[illegible]

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

[illegible]

VIII. OTHER INFORMATION

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31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
MASONRY	N/A	N/A
CAPENTRY		
ELECTRICAL INSTALLATION		
BASIC SMALL ENGINE MAINTENANCE		
COMPUTER MAINTENANCE		
AUDIO AND VIDEO EDITING		
RADION DJ		

SIGNATURE		DATE	August 01, 2025
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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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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; text-align: center;"> <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>LUDIVICO RABIA</td> <td>BRYG. CARIDAD BAYBYA CITY</td> <td>9505317996</td> </tr> <tr> <td>JOY BELLEN</td> <td>BAYBAY CITY</td> <td>09267916134</td> </tr> <tr> <td>REJEN MAURILLO</td> <td>BRGY. PATAG BAYBAY CITY</td> <td>09510905221</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	LUDIVICO RABIA	BRYG. CARIDAD BAYBYA CITY	9505317996	JOY BELLEN	BAYBAY CITY	09267916134	REJEN MAURILLO	BRGY. PATAG BAYBAY CITY	09510905221
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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 style="text-align: center;">PLEASE INDICATE ID Number and Date of Issuance</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Government Issued ID:</td> <td>NATIONAL ID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>6425-0761-0320-195</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>CITY OF BAYBAY</td> </tr> </table>	Government Issued ID:	NATIONAL ID	ID/License/Passport No.:	6425-0761-0320-195	Date/Place of Issuance:	CITY OF BAYBAY	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="height: 80px; vertical-align: middle;"> </td> </tr> <tr> <td>Signature (Sign inside the box)</td> </tr> <tr> <td>August 01, 2025</td> </tr> <tr> <td>Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	August 01, 2025	Date Accomplished	<div style="text-align: center;"> <p>PHOTO</p> </div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <div style="text-align: center; margin-top: 5px;"> <p>Right Thumbmark</p> </div>	
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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> <div style="text-align: center; margin-top: 5px;"> <p>Person Administering Oath</p> </div>													