

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	AGBISIT		
FIRST NAME	RICHARD THOMAS	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	RUELA		
3. DATE OF BIRTH (mm/dd/yyyy)	05/26/1992	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	BAYBAY CITY, 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	House/Block/Lot No. Street ZONE 1 BRGY. PATAG Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.72 M	ZIP CODE	6521
8. WEIGHT (kg)	72 KG		
9. BLOOD TYPE		18. PERMANENT ADDRESS	House/Block/Lot No. Street ZONE 1 BRGY. PATAG Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	121109304820		
12. PHILHEALTH NO.	12-051351200-2	19. TELEPHONE NO.	N/A
13. SSS NO.	06-3478340-5	20. MOBILE NO.	+63 998 337 1870
14. TIN NO.	316-496-223	21. E-MAIL ADDRESS (if any)	rtagbisit@gmail.com
15. AGENCY EMPLOYEE NO.			

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) N/A	N/A	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	AGBISIT			
FIRST NAME	RICHARD	NAME EXTENSION (JR., SR) JR		
MIDDLE NAME	DE LA CRUZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	RUELA			
FIRST NAME	DIOGENES			
MIDDLE NAME	CAJUSTIN			

(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	CABARROGUIS CENTRAL SCHOOL		2002	2004		2004	
SECONDARY	VISAYAS STATE UNIVERSITY-LABORATORY HIGH SCHOOL		2004	2009		2009	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN BIOLOGY	2014	2022		2022	
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	OCTOBER 25, 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	OCTOBER 25, 2024	
------------------	---	-------------	------------------	--

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

[illegible][illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER SKILLS		N/A		N/A
	TYPING				
	DRIVING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	OCTOBER 25, 2024
------------------	---	-------------	------------------

<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="margin-left: 40px;">Date Filed: _____</p> <p style="margin-left: 40px;">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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="margin-left: 40px;">Resigned from previous companies</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>AL FRANJON M. VILLAROYA</td> <td>BAYBAY CITY, LEYTE</td> <td>0905 315 9329</td> </tr> <tr> <td>DEAN RUFFEL R. FLANDEZ</td> <td>BAYBAY CITY, LEYTE</td> <td>0908 789 6619</td> </tr> <tr> <td>MICHAEL CARLO C. VILLAS</td> <td>VSU, BAYBAY CITY, LEYTE</td> <td>0917 304 1576</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	AL FRANJON M. VILLAROYA	BAYBAY CITY, LEYTE	0905 315 9329	DEAN RUFFEL R. FLANDEZ	BAYBAY CITY, LEYTE	0908 789 6619	MICHAEL CARLO C. VILLAS	VSU, BAYBAY CITY, LEYTE	0917 304 1576
NAME	ADDRESS	TEL. NO.											
AL FRANJON M. VILLAROYA	BAYBAY CITY, LEYTE	0905 315 9329											
DEAN RUFFEL R. FLANDEZ	BAYBAY CITY, LEYTE	0908 789 6619											
MICHAEL CARLO C. VILLAS	VSU, BAYBAY CITY, LEYTE	0917 304 1576											
<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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>DRIVER'S LICENSE</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>H12-12-001939</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>05/30/2023/BAYBAY CITY, LEYTE</td> </tr> </table>	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.:	H12-12-001939	Date/Place of Issuance:	05/30/2023/BAYBAY CITY, LEYTE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> Signature (Sign inside the box) </td> </tr> <tr> <td style="text-align: center;"> OCTOBER 25, 2024 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box)	OCTOBER 25, 2024 Date Accomplished
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.:	H12-12-001939												
Date/Place of Issuance:	05/30/2023/BAYBAY CITY, LEYTE												
 Signature (Sign inside the box)													
OCTOBER 25, 2024 Date Accomplished													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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; height: 60px; margin-top: 20px;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 5px;"> Person Administering Oath </div> </div> <div style="width: 35%; text-align: center;"> PHOTO </div> </div> <div style="border: 1px solid black; height: 100px; margin-top: 20px; width: 100%;"></div>													