

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	BRAGA		
FIRST NAME	ALFREDO	NAME EXTENSION (JR., SR) JR	
MIDDLE NAME	BARAZONA		
3. DATE OF BIRTH (mm/dd/yyyy)	08/25/84	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	BAYBAY, 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	200 EMILIO JACINTO House/Block/Lot No. Street POBLACION ZONE 23 Subdivision/Village Barangay CITY OF BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.68 m	ZIP CODE	6521
8. WEIGHT (kg)	87kg		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	House/Block/Lot No. Street PANGASUGAN Subdivision/Village Barangay CITY OF BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6251
11. PAG-IBIG ID NO.	1210-7456-7323		
12. PHILHEALTH NO.	03-051010346-3		
13. SSS NO.	34-133-3420-5	19. TELEPHONE NO.	N/A
14. TIN NO.	278-526-893-000	20. MOBILE NO.	09178964227
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	bragaalfredo4@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BRAGA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CHARISSE	NAME EXTENSION (JR., SR)	CARISSA BEATRIZ D. BRAGA	01/15/09
MIDDLE NAME	DULANGON			
OCCUPATION	LGU EMPLOYEE			
EMPLOYER/BUSINESS NAME	LGU-CITY OF BAYBAY			
BUSINESS ADDRESS	DIVERSION ROAD, BAYBAY CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BRAGA			
FIRST NAME	ALFREDO	NAME EXTENSION (JR., SR) SR		
MIDDLE NAME	MANTILLA			
25. MOTHER'S MAIDEN NAME				
SURNAME	BARAZONA			
FIRST NAME	FILOMENA			
MIDDLE NAME	LAWAS		(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	PANGASUGAN ELEMENTARY SCHOOL	ELEMENTARY	1993	1999		1999	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL		1999	2003		2003	N/A
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY		2003	2004	15 UNITS		
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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]

<i>SIGNATURE</i>		<i>DATE</i>	
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[illegible]

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

[illegible]

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 LITERATE		N/A		N/A
	COOKING				
	HOUSEKEEPING				
	FOOD SAFETY AND HYGIENE				
	FOOD PORTIONING				
	SINGING				

SIGNATURE		DATE	
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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 checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: center;">CAREER GROWTH & PERSONAL DEVELOPMENT</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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>JOEL REY ACOB</td> <td>QUALITY ASSURANCE CENTER, VSU</td> <td>N/A</td> </tr> <tr> <td>GINAS AUREA VILLAGONZALO</td> <td>PAVILLON, VSU</td> <td>N/A</td> </tr> <tr> <td>BERNALIZA SANTOS</td> <td>QUEZON CITY</td> <td>(032)893-1314</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JOEL REY ACOB	QUALITY ASSURANCE CENTER, VSU	N/A	GINAS AUREA VILLAGONZALO	PAVILLON, VSU	N/A	BERNALIZA SANTOS	QUEZON CITY	(032)893-1314
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GINAS AUREA VILLAGONZALO	PAVILLON, VSU	N/A											
BERNALIZA SANTOS	QUEZON CITY	(032)893-1314											
<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>PHILIPPINE PASSPORT</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>P7596177A</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>06/20/2018 DFA NCR NORTH</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:	PHILIPPINE PASSPORT	ID/License/Passport No.:	P7596177A	Date/Place of Issuance:	06/20/2018 DFA NCR NORTH	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; vertical-align: bottom;">Signature (Sign inside the box)</td> </tr> <tr> <td style="height: 30px; vertical-align: bottom;">Date Accomplished</td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished
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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; text-align: center; padding-top: 5px;"> Person Administering Oath </div>													



PHOTO

