

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 FIRST NAME MIDDLE NAME	OLAIVAR		
	JOY MAE		NAME EXTENSION (JR., SR)
	BAG-AO		
3. DATE OF BIRTH (mm/dd/yyyy)	JANUARY 11, 1997	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	SOGOD SOUTHERN LEYTE		
5. SEX	<input type="checkbox"/> Male <input checked="" 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 ZIP CODE		
		House/Block/Lot No. Street	
		PUROK 2 ZONE V	
		Subdivision/Village Barangay	
7. HEIGHT (m)	5'3	SOGOD SOUTHERN LEYTE	
8. WEIGHT (kg)	95	City/Municipality Province	
9. BLOOD TYPE		6606	
10. GSIS ID NO.	18. PERMANENT ADDRESS ZIP CODE		
		House/Block/Lot No. Street	
		PUROK 2 ZONE V	
		Subdivision/Village Barangay	
11. PAG-IBIG ID NO.	1212-3235-9772	SOGOD SOUTHERN LEYTE	
12. PHILHEALTH NO.	1202-5749-0659	City/Municipality Province	
13. SSS NO.	06-4168632-0	6606	
14. TIN NO.	720-559-587	19. TELEPHONE NO.	N/A
15. AGENCY EMPLOYEE NO.	N/A	20. MOBILE NO.	09473422937
		21. E-MAIL ADDRESS (if any)	olaivar.joymae19@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
		NAME EXTENSION (JR., SR)		
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	OLAIVAR			
	JOEL	NAME EXTENSION (JR., SR)		
	NAGAC			
25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME				
	BAG-AO			
	IMELDA			
	FACUNDO			
(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	SAINT THOMAS AQUINAS COLLEGE		2004	2019		2010	VALEDICTORIAN
SECONDARY	SAINT THOMAS AQUINAS COLLEGE		2010	2014		2014	3RD HONORABLE MENTION
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJOR IN HUMAN RESOURCE DEVELOPMENT MANAGEMENT	2014	2018		2018	CUM LAUDE/ CONSISTENT DEAN'S LISTER
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 13, 2021
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

[illegible]

(Continue on separate sheet if necessary)

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)
COOKING	N/A	N/A
BAKING	N/A	N/A
VIDEO EDITING	N/A	N/A
PHOTOGRAPHY	N/A	N/A
BASIC PHOTOSHOP	N/A	N/A

(Continue on separate sheet if necessary)

<i>(Continue on separate sheet if needed)</i>			
SIGNATURE		DATE	MAY 13, 2021

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)?

☐ YES☒ NO

☐ YES☒ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?

☐ YES☒ NO

If YES, give details:

b. Have you been criminally charged before any court?

☐ YES☒ NO

If YES, give details:
Date Filed: _____
Status of Case/s: _____

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES☒ NO

If YES, give details:

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?

☒ YES☐ NO

If YES, give details:
END OF CONTRACT DUE TO PANDEMIC

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

☐ YES☒ NO

If YES, give details: _____

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?

☐ YES☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ NO

If YES, give details (country):

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?

☐ YES☒ NO

If YES, please specify: _____

b. Are you a person with disability?

☐ YES☒ NO

If YES, please specify ID No: _____

c. Are you a solo parent?


☐ YES☒ NO

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
JAY-ANN CARVAJAL	CEBU CITY	09396066266
CHIZA AURELIO	MANILA CITY	09260154180
GENEVIEVE BACOR	CEBU CITY	09165144240

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.



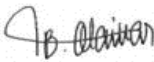
PHOTO

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: POSTAL ID

ID/License/Passport No.: 166190639620


Date/Place of Issuance: DECEMBER 27, 2019/MAASIN CITY



Signature (Sign inside the box)

MAY 13, 2021

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

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