

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	TABUDLONG		
FIRST NAME	MARY LOURINE		NAME EXTENSION (JR., SR)
MIDDLE NAME	HAGONOS		
3. DATE OF BIRTH (mm/dd/yyyy)	3/5/1994	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 CITY,LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
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	
7. HEIGHT (m)	5'0	ZIP CODE	House/Block/Lot No. Street Kan-ipa
8. WEIGHT (kg)	54		Subdivision/Village Barangay
9. BLOOD TYPE	O+		Baybay Leyte
10. GSIS ID NO.	N/A		City/Municipality Province
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-025338747-6	18. PERMANENT ADDRESS	
3. SSS NO.	06-3735307-8	ZIP CODE	House/Block/Lot No. Street Kan-ipa
14. TIN NO.	N/A		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	N/A		Baybay Leyte
			City/Municipality Province
			6521
19. TELEPHONE NO.	NA		
20. MOBILE NO.	09351227905		
21. E-MAIL ADDRESS (if	lourinetabudlong@gmail.com		

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	TABUDLONG			
FIRST NAME	DOMINADOR	NAME EXTENSION (JR., SR)	SR.	
MIDDLE NAME	AVELLANA			
25 MOTHER'S MAIDEN NAME				
SURNAME	HAGONOS			
FIRST NAME	MARIBEL			
MIDDLE NAME	GODOY		(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	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC
			From	To			
ELEMENTARY	CAN-IPA ELEMENTARY SCHOOL	Primary Education	2000	2006	NA	2006	With Honors
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	High School	2006	2010	NA	2010	NA
VOCATIONAL / TRADE COURSE	SAINT MICHAEL COLLEGE of HINDANG LEYTE	Professional Education	2017	2018	21 units	2018	NA
COLLEGE	VISAYAS STATE UNIVERSITY	Bachelor of Science inAgribusiness	2010	2014	NA	2014	NA
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 30,2023
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 30, 2023
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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

[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)
Writing		VSU ALUMNI ASSOCIATION, INC
Drawing		PAFTE Inc.
Dancing		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 30, 2023
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
Loreto Godoy	Baybay City, Leyte	0916-8381677
Merci Grace Fernandez	Baybay City, Leyte	0917-901-4405
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.		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PRC-LICENSE ID/License/Passport No.: 1804606 Date/Place of Issuance: 12/16/2019 ORMOC CITY	<div style="border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> Signature (Sign inside the box) March 19, 2018 Date Accomplished </div>	<div style="text-align: center;">  PHOTO </div> <div style="border: 1px solid black; height: 100px; margin-top: 20px;"></div> <div style="text-align: center; border-top: 1px solid black; padding-top: 5px;"> Right Thumbmark </div>
SUBSCRIBED AND SWORN to before me this 17th day of April 2017, affiant exhibiting his/her validly issued government ID as indicated above.		
<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> Person Administering Oath </div>		