

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	GADON		
FIRST NAME	NICHOLE ANGEL LEI		NAME EXTENSION (JR., SR)
MIDDLE NAME	CAÑON		
3. DATE OF BIRTH (mm/dd/yyyy)	11/3/2002	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	SOGOD, SOUTHERN LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	N/A Street N/A TALISAY N/A Barangay BONTOC SOUTHERN LEYTE City/Municipality Province 6604
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:	18. PERMANENT ADDRESS	N/A Street N/A TALISAY N/A Barangay BONTOC SOUTHERN LEYTE City/Municipality Province 6604
7. HEIGHT (m)	1.473	19. TELEPHONE NO.	N/A
8. WEIGHT (kg)	35	20. MOBILE NO.	09753873357
9. BLOOD TYPE	O+	21. E-MAIL ADDRESS (if any)	nicholeangelleigadon@gmail.com
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121343633290		
12. PHILHEALTH NO.	132031047874		
13. SSS NO.	N/A		
14. TIN NO.	635-841-241-0000		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

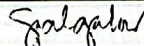
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	GADON			
FIRST NAME	ANDERSON	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SERASPE			
25. MOTHER'S MAIDEN NAME				
SURNAME	CAÑON			
FIRST NAME	RICHEL MAE			
MIDDLE NAME	FLORES			

(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	BONTOC CENTRAL SCHOOL	BASIC EDUCATION	2008	2014	N/A	2014	N/A
SECONDARY	SOUTHERN LEYTE STATE UNIVERSITY - LHS ILOILO CITY NATIONAL HIGH SCH	BASIC EDUCATION	2014 2018	2018 2020	N/A	2020	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A			N/A	N/A	N/A
COLLEGE	CENTRAL PHILIPPINE UNIVERSITY COLLEGE OF MAASIN	BACHELOR OF SCIENCE IN ACCOUNTANCY	2020 2022	2022 2024	N/A	2024	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	July 11, 2025
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CEG/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (if Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	Licensure Examination for Certified Public Accountants	78.5	May 25-27, 2025	Cebu Institute of Technology University, Cebu City		
	Civil Service Examination Professional Level	82.8	March 26, 2023	Saint Joseph College, Maaasin City		

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	JULY 11, 2025
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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)
		Junior Philippine Institute of Accountants - East Visayas Chapter
		Junior Philippine Institute of Accountants - Local Chapter Officer

SIGNATURE	<i>G. Galgani</i>	DATE	JULY 11, 2025
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Galgadev

JULY 11, 2025

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: _____

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.
Melodina Orit	Maasin City, Southern Leyte	
Eleine Quirong	Maasin City, Southern Leyte	
Christyl Jane Tulaytay - Areglado	Bontoc, Southern Leyte	

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.



GADON, NICHOLE ANGEL LEI C.

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: **NATIONAL ID**

ID/License/Passport No.: **4679-4859-0341-8250**

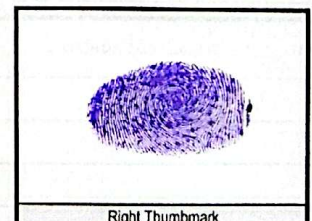
Date/Place of Issuance: **ILOILO CITY JUNE 2023**

Gadon

Signature (Sign Inside the box)

JULY 11, 2025

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this **11 JUL 2025**, affiant exhibiting his/her validly issued government ID as indicated above.

Maricar O. Calapre

ATTY. MARICAR O. CALAPRE

Public Attorney

(Pursuant to RA 9406)

Person Administering Oath