

# 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	LICARDO		
FIRST NAME	CAMILLE MARTIN		NAME EXTENSION (JR., SR.)
MIDDLE NAME	VASQUEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	DECEMBER 10, 1998	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	ORMOC CITY	If holder of dual citizenship, please indicate the details.	
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	2ND DOOR CAMALLERE APT PUROK 5 House/Block/Lot No. Street BAGONG BUHAY Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province 6541
7. HEIGHT (m)	1.50m	18. PERMANENT ADDRESS	PUROK CAMBAG Street ALEGRIA Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province 6541
8. WEIGHT (kg)	90 kg		
9. BLOOD TYPE	A+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	1212 4832 0527	19. TELEPHONE NO.	(053) 561-9553
12. PHILHEALTH NO.	132507609221	20. MOBILE NO.	+63 915 006 8564
13. SSS NO.	06-4273969-0	21. E-MAIL ADDRESS (if any)	elli.cdracil@gmail.com
14. TIN NO.	357-972-640		
15. AGENCY EMPLOYEE NO.			

## II. FAMILY BACKGROUND

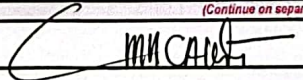
22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LICARDO			
FIRST NAME	ROBBY BOY	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	GONO			
25. MOTHER'S MAIDEN NAME				
SURNAME	VASQUEZ			
FIRST NAME	MAFETTE			
MIDDLE NAME	MEDURA			

(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	ST. PAULS SCHOOL OF ORMOC FOUNDATION, INC.	ELEMENTARY	2006	2011		2011	N/A
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2011	2015		2015	14 <sup>th</sup> HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	WESTERN LEYTE COLLEGE OF ORMOC, INC.	BS IN ACCOUNTING TECHNOLOGY	2015	2019		2019	N/A
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 19, 2023
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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.

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(Continue on separate sheet if necessary)

JUNE 19, 2023




[illegible]

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

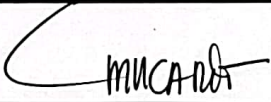
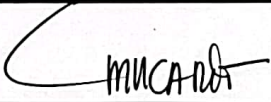
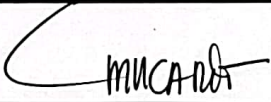






[illegible]

### VIII. OTHER INFORMATION

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

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	JUNE 19, 2023



<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>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 type="checkbox"/> NO</p> <p>If YES, give details: <u>RESIGNATION FROM PRIVATE SECTOR</u></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>FERDINAND L. TITO, JR., CPA, CMA</td> <td>ORMOC CITY</td> <td>0917 129 7279</td> </tr> <tr> <td>LYRA QUEEN D. MADRAS, CPA</td> <td>ORMOC CITY</td> <td>0946 178 7421</td> </tr> <tr> <td>CHECKA MARIE S. TINCSON</td> <td>ORMOC CITY</td> <td>0915 266 7026</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	FERDINAND L. TITO, JR., CPA, CMA	ORMOC CITY	0917 129 7279	LYRA QUEEN D. MADRAS, CPA	ORMOC CITY	0946 178 7421	CHECKA MARIE S. TINCSON	ORMOC CITY	0915 266 7026
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<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>													
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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: 250px; height: 50px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													