

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	LEQUIN		
	CHARITY		NAME EXTENSION (JR., SR)
	JAGUINES		
3. DATE OF BIRTH (mm/dd/yyyy)	7/17/1996	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	MANILA		
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	BLOCK 6 LOT 5 CMP
			House/Block/Lot No. Street
			SO. SAN ROQUE LARRAZABAL
			Subdivision/Village Barangay
7. HEIGHT (m)	1.422		NAVAL BILIRAN
8. WEIGHT (kg)	49.20		City/Municipality Province
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS ZIP CODE	BLOCK 6 LOT 5 CMP
10. GSIS ID NO.	N/A		House/Block/Lot No. Street
11. PAG-IBIG ID NO.	121279316803		SO. SAN ROQUE LARRAZABAL
12. PHILHEALTH NO.	N/A		NAVAL BILIRAN
13. SSS NO.	3486855258		City/Municipality Province
14. TIN NO.	738937830		6560
15. AGENCY EMPLOYEE NO.	N/A	19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09159659849
		21. E-MAIL ADDRESS (if any)	lequincharity015@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)
	N/A	NAME EXTENSION (JR., SR)		
	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	LEQUIN			
	ELMER	NAME EXTENSION (JR., SR)		
	MANDAWE			
25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	JAGUINES			
	GENELITA			
	ROSAS			
	(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	TALAHID ELEMENTARY SCHOOL	N/A	6/6/2006	4/8/2008	N/A	2008	N/A
SECONDARY	ALMERIA NATIONAL HIGH SCHOOL	N/A	6/6/2008	4/15/2012	N/A	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	BILIRAN PROVINCE STATE UNIVERSITY	BS IN COMPUTER ENGINEERING	6/14/2014	4/6/2019	N/A	2019	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	June 5, 2024
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IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CSE PROFESSIONAL	90.3	3/4/2024	NEW ORMOC CITY NATIONAL HIGH SCHOOL		
	DRIVER'S LICENSE	1.0	4/20/2020	LTO NAVAL	H07-20-000451	7/17/2025

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	06/05/2024
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06/05/2024

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)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
SHARINA A. SABITSANA	TALAHID, ALMERIA, BILIRAN	9562364655
RUTH C. BATUTO	LARRAZABAL, NAVAL, BILIRAN	9488474450
LOUDIE B. SULIVA	NAVAL, BILIRAN	9195723155

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: DRIVER'S LICENSE
ID/License/Passport No.: H07-20-000451
Date/Place of Issuance: 04/20/2020, LTO-NAVAL

Signature (Sign inside the box)
06/05/2024
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