

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	METRA		
FIRST NAME	KRISTEL JEAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PAÑA		
3. DATE OF BIRTH (mm/dd/yyyy)	3/11/2001	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	IPHO MAASIN 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"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A PUROK KALIPAY House/Block/Lot No. Street N/A FLORDELIZ Subdivision/Village Barangay MACROHON SOUTHERN LEYTE City/Municipality Province
7. HEIGHT (m)	1.55	ZIP CODE	6601
8. WEIGHT (kg)	65		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	N/A PUROK KALIPAY House/Block/Lot No. Street N/A FLORDELIZ Subdivision/Village Barangay MACROHON SOUTHERN LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6601
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-252711335-4		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	658-611-984-00000	20. MOBILE NO.	09675480223/ 09503477873
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	krisjeanmetra11@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	METRA			
FIRST NAME	DANILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MANGANA			
25. MOTHER'S MAIDEN NAME				
SURNAME	PAÑA			
FIRST NAME	ERLINDA			
MIDDLE NAME	BERNANTE		(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	FLORDELIZ ELEMENTARY SCHOOL	ELEMENTARY	2007	2012	GRADUATE	2012	SALUTATORIAN
SECONDARY	VILLA JACINTA NATIONAL VOCATIONAL HIGH SCHOOL	SCIENCE TECHNOLOGY ENGINEERING AND	2017	2019	GRADUATE	2019	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SOUTHERN LEYTE STATE UNIVERSITY-MAIN CAMPUS	BACHELOR OF SCIENCE IN CIVIL ENGINEERING	2019	2023	GRADUATE	2013	NONE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)	
SIGNATURE	DATE
	SEPTEMBER 12, 2024

[illegible]

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	<i>[Signature]</i>	DATE	SEPTEMBER 12, 2024
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SEPTEMBER 12, 2024

[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)
	PROFICIENT IN MICROSOFT OFFICE		PASSING THE CIVIL ENGINEERING LICENSURE EXAMINATION AS AN ALUMNA OF FLORDELIZ ELEMENTARY SCHOOL		PHILIPPINE INSTITUTE OF CIVIL ENGINEERS, INC - LEYTE CHAPTER
	BASIC AUTOCAD		PASSING THE CIVIL ENGINEERING LICENSURE EXAMINATION AS AN ALUMNA OF SOUTHERN LEYTE STATE UNIVERSITY- MAIN CAMPUS		
	PROJECT MANAGEMENT				
	TIME MANAGEMENT				
	LEADERSHIP				
	EFFECTIVE COMMUNICATION				

SIGNATURE		DATE	SEPTEMBER 12, 2024
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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)?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ NO

☐ YES☒ NO

If YES, give details:

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)?

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

☐ YES☒ NO

If YES, give details:

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?

b. Are you a person with disability?

c. Are you a solo parent?

☐ YES☒ NO

☐ YES☒ NO

☐ YES☒ NO

If YES, please specify:


If YES, please specify ID No:

If YES, please specify ID No:


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

NAME	ADDRESS	TEL. NO.
ENGR. RAYMART BULAGSAC	SAINT BERNARD, SOUTHERN LEYTE	9155855318
ENGR. REC ALFONSO CINCO	SOGOD, SOUTHERN LEYTE	9173286926
ENGR. JOSEPH J. ROGADOR	PADRE BURGOS, SOUTHERN LEYTE	9612249159

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.



KRISTEL JEAN P. METRA



Right Thumbmark


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

ID/License/Passport No.: 0212029

Date/Place of Issuance: MAASIN/ 07/11/2024



Signature (Sign inside the box)

SEPTEMBER 12, 2024

Date Accomplished

SUBSCRIBED AND SWORN to before me this SEPTEMBER 12, 2024 affiant exhibiting his/her validly issued government ID as indicated above.

Doc. No. 120

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ATTY. DON VALDE SALA

Public Attorney II

(Pursuant to B.A. 34061)

Person Administering Oath

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