

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	LAMBERTE		
FIRST NAME	RUEL	NAME EXTENSION (JR, SR) N/A	
MIDDLE NAME	CUATON		
3. DATE OF BIRTH (mm/dd/yyyy)	04/24/98	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	HILONGOS, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	430 F. ROMANO House/Block/Lot No. Street POBLACION 1 Subdivision/Village Barangay HINDANG LEYTE City/Municipality Province
7. HEIGHT (m)	1.69	ZIP CODE	6523
8. WEIGHT (kg)	67		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	430 F. ROMANO House/Block/Lot No. Street POBLACION 1 Subdivision/Village Barangay HINDANG LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6523
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	0928-395-3191
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	lamberteruel24@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	LAMBERTE			
FIRST NAME	ROMEO	SR.		
MIDDLE NAME	VIVAR			
25. MOTHER'S MAIDEN NAME				
SURNAME	CUATON			
FIRST NAME	NICANORA			
MIDDLE NAME	BAGASLAO		(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	HINDANG NATIONAL HIGH SCHOOL	ELEMENTARY	2005	2011	N/A	2011	DIPLOMA
SECONDARY	HINDANG NATIONAL HIGH SCHOOL	HIGH SCHOOL	2011	2015	N/A	2015	3RD HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURAL ENGINEERING	2015	2020	N/A	2020	DOST SCHOLAR
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A










(Continue on separate sheet if necessary)

SIGNATURE		DATE	09-14-20
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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)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. BAYRON S. BARREDO</td><td>TACLOBAN CITY, LEYTE</td><td>0951-511-2133</td></tr><tr><td>ENGR. JESSIE JAMES LAYAN</td><td>SAN VICENTE, DANAO, BOHOL</td><td>0919-612-9545</td></tr><tr><td>ENGR. MYRWILLIENE MARIANO</td><td>NUEVA ECUA CITY</td><td>0949-192-7504</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. BAYRON S. BARREDO	TACLOBAN CITY, LEYTE	0951-511-2133	ENGR. JESSIE JAMES LAYAN	SAN VICENTE, DANAO, BOHOL	0919-612-9545	ENGR. MYRWILLIENE MARIANO	NUEVA ECUA CITY	0949-192-7504
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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.													
<table><tr><td>Government issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td></tr><tr><td>ID/License/Passport No.:</td></tr><tr><td>Date/Place of Issuance:</td></tr></table>	Government issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID:	ID/License/Passport No.:	Date/Place of Issuance:	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	Date Accomplished					
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SUBSCRIBED AND SWORN to before me this <u>09-14-20</u> Affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>ATTY. GWEN NURZEN A. CAVILAN PUBLIC ATTORNEY PURSUANT TO R.A. 4061</td></tr><tr><td>Person Administering Oath</td></tr></table>		ATTY. GWEN NURZEN A. CAVILAN PUBLIC ATTORNEY PURSUANT TO R.A. 4061	Person Administering Oath										
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