

## 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.** (Do not fill up if not applicable)

## I. PERSONAL INFORMATION

2. SURNAME	Gonzaga		
FIRST NAME	Cheryl Mae	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Not applicable		
3. DATE OF BIRTH (mm/dd/yyyy)	05/02/1997	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	Toledo City Cebu	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	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ Barangay _____ Baybay city Leyte _____ Province _____ City/Municipality _____
7. HEIGHT (m)	5.3	ZIP CODE	
8. WEIGHT (kg)	45		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ Barangay _____ Baybay City Leyte _____ Province _____ City/Municipality _____
10. GSIS ID NO.	NONE	ZIP CODE	6521
11. PAG-IBIG ID NO.	NONE		
12. PHILHEALTH NO.	13-025519127-7		
13. SSS NO.	NONE	19. TELEPHONE NO.	
14. TIN NO.	N/A	20. MOBILE NO.	09126006567
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	cherylmaegonzaga8@gmail.com

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NONE		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	Decielynn Audriey Gonzaga Balaresia	Dec.8 2018
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	Peniente			
FIRST NAME	Alvin	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Elahas			
25. MOTHER'S MAIDEN NAME	Maria Teresa Gonzaga			
SURNAME	Gonzaga			
FIRST NAME	Maria Teresa			
MIDDLE NAME	Jufisna			

(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Patag Elementary School	PRIMARY EDUCATION	2004	2010		2010	
SECONDARY	Baybay National Highschool	HIGH SCHOOL	2010	2014		2014	
VOCATIONAL / TRADE COURSE	TESDA						
COLLEGE	Visayas State University	BACHELOR OF SECONDARY EDUCATION MAJOR IN MAPEH	2014	2018		2018	varsity
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	AUGUST 22, 2022
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[illegible]

## V. WORK EXPERIENCE

[illegible]

**SIGNATURE**

DATE \_\_\_\_\_

AUGUST 22, 2022



## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

### VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	ACTIVE IN ANY SPORTS ACTIVITIES	TRAINER DURING WOMENS ASSOCIATION HANDY CRAFT AT KANAGGA CITY LETE		OTOP HUB BAYBAY CITY LETE
	AS SPORT FACILITATOR / ORGANIZER			PHILLIPINE TAEKWONDO ASSOCIATION
	LEADERSHIP AND MANAGEMENT SKILL			
	COMPUTER LITERATE			
	CROCHETING HANDYCRAFT			
	DRIVING			
	FIRST AIDER			

(Continue on separate sheet if necessary)

SIGNATURE	DATE	AUGUST 22, 1952
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the 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  
If YES, give details: \_\_\_\_\_  
☐ 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)?  
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: \_\_\_\_\_  
☐ 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  
a. Are you a member of any indigenous group?  
b. Are you a person with disability?  
c. Are you a solo parent?

☐ YES ☒ NO  
If YES, please specify: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_

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

NAME	ADDRESS	TEL. NO.
DONNA M. BALARESIA SCHOOL HEAD	PATAG BAYBAY CITY LEYTE	09171489485
DARLYN B. MABALATAN SCHOOL HEAD	PATAG BAYBAY CITY LEYTE	09086276236
GLEN MARK D. CATUNDA	MARCOS BAYBAY	09606559327

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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance  
Government Issued ID: 6134-2532-6387-2805  
ID/License/Passport No.: 1914783  
Date/Place of Issuance: TACLOBAN BAYBAY CITY LEYTE

Signature (Sign inside the box)  
AUGUST 22, 2022  
Date Accomplished

Right Thumbmark

CHERYL MAE GONZAGA

SUBSCRIBED AND SWORN to before me this AUG 22 2022, affiant exhibiting his/her validly issued government ID as indicated above.

DOC. NO. 3439  
PAGE NO. 32  
BOOK NO. III  
SERIES OF 2012

ATTY. DECYROSE P. PAPA  
Public Attorney II  
Person Administering Oath  
(Pursuant to R.A. 9406)