

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	ESCALA		
FIRST NAME	LIEZEL	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	ROMANO		
3. DATE OF BIRTH (mm/dd/yyyy)	1/5/1999	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	ILAGAN, ISABELA	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 BASAK Subdivision/Village Barangay MANDAUE CITY CEBU City/Municipality Province
7. HEIGHT (m)	1.46	ZIP CODE	6014
8. WEIGHT (kg)	47		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street PLARIDEL Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6522
11. PAG-IBIG ID NO.	1212-8322-2653		
12. PHILHEALTH NO.	1325-0362-4773		
13. SSS NO.	35-1746423-3	19. TELEPHONE NO.	N/A
14. TIN NO.	773-589-724	20. MOBILE NO.	+639816647818
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	lizzyescala@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		NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ESCALA			
FIRST NAME	TIMOTEO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	JAMISALA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ROMANO			
FIRST NAME	LETICIA			
MIDDLE NAME	DACERA			

(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	PLARIDEL CENTRAL SCHOOL		Jun-05	Mar-11	GRADUATE	2011	
SECONDARY	PLARIDEL NATIONAL HIGH SCHOOL		Jun-11	Apr-15	GRADUATE	2015	5TH HONORABLE MENTION
VOCATIONAL /	N/A	N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UNIVERSITY MAIN CAMPUS	BACHELOR OF SECONDARY EDUCATION MAJOR IN BIOLOGICAL SCIENCES	Jun-15	Jun-19	GRADUATE	2019	DOST/CUM LAUDE
GRADUATE STUDIES	CEBU NORMAL UNIVERSITY MAIN CAMPUS	MASTER OF ARTS IN EDUCATION MAJOR IN SCIENCE EDUCATION	Aug-20	present	30 units	on-going	DOST-CBPSME

(Continue on separate sheet if necessary)

SIGNATURE		DATE	9/30/2023
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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
	CIVIL SERVICE ELIGIBILITY/HONOR GRADUATE	N/A	6/14/2019	VISAYAS STATE UNIVERSITY MAIN CAMPUS	100108190600	
	LICENSED PROFESSIONAL TEACHER	84.2	9/29/2019	KAPANGI-AN CENTRAL SCHOOL-TACLOBAN CITY	1806009	1/5/2025

V. WORK EXPERIENCE

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

22	INCLUSIVE RATES				SALARY/ JOB/PAY	GOVT
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(Continue on separate sheet if necessary)

[illegible]

SIGNATURE		DATE	9/30/2023
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[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)
Cooking		PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS (PAFTE)
Reading		

SIGNATURE		DATE	9/30/2023
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<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 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> <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: _____</p> <p>resignation</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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>GERRY L. TORILLO</td> <td>BRGY. PLARIDEL, BAYBAY CITY, LEYTE</td> <td>9685499923</td> </tr> <tr> <td>PATRIA IRA BARING</td> <td>OPAO, CEBU CITY</td> <td>9060499091</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	GERRY L. TORILLO	BRGY. PLARIDEL, BAYBAY CITY, LEYTE	9685499923	PATRIA IRA BARING	OPAO, CEBU CITY	9060499091			
NAME	ADDRESS	TEL. NO.											
GERRY L. TORILLO	BRGY. PLARIDEL, BAYBAY CITY, LEYTE	9685499923											
PATRIA IRA BARING	OPAO, CEBU CITY	9060499091											
<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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: PRC</p> <p>ID/License/Passport No.: 1806009</p> <p>Date/Place of Issuance: 12/16/2019</p>	<p style="text-align: center;">  Signature (Sign inside the box) 9/30/2023 Date Accomplished </p>												
<p style="text-align: center;">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: 300px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;"> Person Administering Oath </div>													



ESCALA, LIEZEL R.

PHOTO

Right Thumbmark