

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	DOCENA		
FIRST NAME	MARVIN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ALVARINA		
3. DATE OF BIRTH (mm/dd/yyyy)	NOVEMBER 03, 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	BALANGIGA, EASTERN SAMAR	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	DR. F. DURAN ST House/Block/Lot No. POBLACION 06 Subdivision/Village Barangay BALANGIGA EASTERN SAMAR City/Municipality Province
7. HEIGHT (m)	1.77m	ZIP CODE	
8. WEIGHT (kg)	65 kg		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	DR. F. DURAN ST House/Block/Lot No. Street POBLACION 06 Subdivision/Village Barangay BALANGIGA EASTERN SAMAR City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6812
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	
14. TIN NO.	N/A	20. MOBILE NO.	+63 926 630 4227
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	marvingdocena03@gmail.com

II. FAMILY BACKGROUND

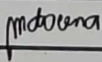
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DOCENA			
FIRST NAME	LORENZO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CANILLAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	ALVARINA			
FIRST NAME	NIDA			
MIDDLE NAME	AUTOR			

(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	BALANGIGA CENTRAL ELEMENTARY SCHOOL	N/A			N/A	2012	N/A
SECONDARY	SOUTHERN SAMAR NATIONAL COMPREHENSIVE HIGH SCHOOL	N/A			N/A	2018	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A			N/A	N/A	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN STATISTICS				2022	N/A
GRADUATE STUDIES	N/A	N/A			N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06 / 05 / 23
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>mbwana</i>	DATE	06 / 05 / 23
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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	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Topics Covered	
8. Key Takeaways	
9. Application to Current Role	
10. Feedback Received	
11. Other Comments	

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>mdouena</i>	DATE	06/05/23
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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 checked="" 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Ronnie Bajado</td> <td>BRGY. SAN MIGUEL, BALANGIGA, EASTERN SAMAR</td> <td>9199133207</td> </tr> <tr> <td>John Joshua Canciller</td> <td>BRGY. SAN MIGUEL, BALANGIGA, EASTERN SAMAR</td> <td>9057657960</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Ronnie Bajado	BRGY. SAN MIGUEL, BALANGIGA, EASTERN SAMAR	9199133207	John Joshua Canciller	BRGY. SAN MIGUEL, BALANGIGA, EASTERN SAMAR	9057657960			
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<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: PhilHealth</p> <p>ID/License/Passport No.: 13-025623260-0</p> <p>Date/Place of Issuance: _____</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">Signature (Sign inside the box)</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Date Accomplished</p> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SUBSCRIBED AND SWORN to before me this <u>05 JUN 2023</u></p> <p>DOC. NO. <u>2402</u></p> <p>PAGE NO. <u>40</u></p> <p>BOOK NO. <u>II</u></p> <p>SERIES OF <u>2023</u></p> </div> <div style="width: 45%; text-align: center;"> <p>affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <p>ATTY. MARION D. BERNARDINO</p> <p>PUBLIC ATTORNEY II</p> <p>(PURSUANT TO R.A. 9406)</p> <p>Person Administering Oath</p> </div> </div> </div>													

