

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.

I. CS ID No.

(Do not fill up for CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	MISA		NAME EXTENSION (JR., SR)
FIRST NAME	MA. ELLUISA		
MIDDLE NAME	ABAJON		
3. DATE OF BIRTH (mm/dd/yyyy)	13 10 1997	15. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization P/s: indicate country
4. PLACE OF BIRTH	TACLOBAN CITY	If holder of dual citizenship, please indicate the details	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	BLK 5 LOT 28 House/Block/Lot No. Street ST. FRANCIS VILLAGE 1 105 SUHI Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province ZIP CODE 6500
7. HEIGHT (m)	1.5 m	18. PERMANENT ADDRESS	BLK 5 LOT 28 House/Block/Lot No. Street ST. FRANCIS VILLAGE 1 105 SUHI Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province ZIP CODE 6500
8. WEIGHT (kg)	53 kg		
9. BLOOD TYPE	O		
10. QGIS ID NO	N/A		
11. PAG-IBIG ID NO	13-252193801-7		
12. PHILHEALTH NO	13-252193801-7		
13. SSS NO	06-3973662-2	19. TELEPHONE NO	N/A
14. TIN NO	337-782-592	20. MOBILE NO	09066851805
15. AGENCY EMPLOYEE NO		21. E-MAIL ADDRESS (if any)	mariaelluisa13@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MISA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JADE PATRICK	NAME EXTENSION (JR., SR)	AEDHAN ABAJON	APRIL 4 2016
MIDDLE NAME	LOFRANCO		RHAIN PATRICK A. MISA	AUGUST 5 2020
OCCUPATION	INSURANCE AGENT		REAVAR THOMPSON A. MISA	September 16, 2021
EMPLOYER/BUSINESS NAME	STRONGHOLD INSURANCE			
BUSINESS ADDRESS	TACLOBAN CITY			
TELEPHONE NO	N/A			
24. FATHER'S SURNAME	ABAJON			
FIRST NAME	GERMANO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BASIJAN			
25. MOTHER'S MAIDEN NAME	CABALQUINTO			
SURNAME				
FIRST NAME	MA. GINA			
MIDDLE NAME	BELARO			

(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	DON VICENTE QUINTERO MEMORIAL SCHOOL	ELEMENTARY	2003	2009	GRADUATED	2008	N/A
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2013	GRADUATED	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF ELEMENTARY EDUCATION	2013	2017	GRADUATED	2016	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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(Continued on separate sheet if necessary)

¹ Data from the present research is available upon request and includes data for the primary/secondary school for the last three years for 120000 children from 10000 families.

(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)

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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)			
NAME		ADDRESS	
ANGIE REGATO		BRGY GACAO PALO LEYTE	
MELODY S. LADRERA		BRGY CAVITE EAST PALO, LEYTE	
TEREZA ROSA		BRGY SAN JOAQUIN PALO, LEYTE	
TEL. NO.		9773133039	
		9270397800	
		9054126887	
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 cases against me.			
Government issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		Signature (Sign inside the box)	
Government issued ID: PRC		Date Accomplished	
D/License/Passport No.: 0008455		Right Thumbmark	
Date/Place of Issuance: 10/04/2017			
SUBSCRIBED AND SWORN to before me this <u>JUN 02 2023</u> , affiant exhibiting his/her validly issued government ID as indicated above.			
JUL. NO. 388 AGE NO. 49 BOOK NO. 100/11 SERIES OF 2017		Person Administering Oath	



MA. ELLUKA A. MISA



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