

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	PAGALAN		
FIRST NAME	PAMELA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	N/A		
3. DATE OF BIRTH (mm/dd/yyyy)	JANUARY 20, 1996	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	MARIKINA, METRO MANILA	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"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.57 m	House/Block/Lot No.	Street
8. WEIGHT (kg)	45 kg	ST. SCHOLASTICA'S PLAINS	DAYHAGAN
9. BLOOD TYPE	B+	Subdivision/Village	Barangay
10. GSIS ID NO.	N/A	ORMOC CITY	LEYTE
11. PAG-IBIG ID NO.	1211-6763-6089	City/Municipality	Province
12. PHILHEALTH NO.	132507447744	ZIP CODE	6541
13. SSS NO.	06-3809649-9	18. PERMANENT ADDRESS	
14. TIN NO.	333-080-033	House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.		ST. SCHOLASTICA'S PLAINS	DAYHAGAN
		Subdivision/Village	Barangay
		ORMOC CITY	LEYTE
		City/Municipality	Province
		ZIP CODE	6541
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09263680284
		21. E-MAIL ADDRESS (if any)	pamelapagalan@gmail.com

II. FAMILY BACKGROUND

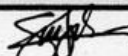
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PAGALAN			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

(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	ST. PETER'S COLLEGE OF ORMOC	GRADUATE	2002	2008		2008	
SECONDARY	ST. PETER'S COLLEGE OF ORMOC	GRADUATE	2008	2012		2012	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF LIBRARY AND INFORMATION SCIENCE	2012	2016		2016	CUM LAUDE
GRADUATE STUDIES	CEBU NORMAL UNIVERSITY	MASTER IN LIBRARY AND INFORMATION SCIENCE	AUG. 2018	MAY 2019	15 units		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 22, 2020
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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 _____

JUNE 22, 2020

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

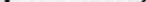
[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
CATALOGING		PHILIPPINE LIBRARIAN ASSOCIATION, INC. (PLAI)
CLASSIFYING		EASTERN VISAYAS REGION LIBRARIANS COUNCIL (PLAI-EVRLC)
READING NOVELS		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 22, 2020
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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? ☐ YES ☒ NO

b. within the fourth degree (for Local Government Unit - Career Employees)? ☐ YES ☒ NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense? ☐ YES ☒ NO

If YES, give details: _____

b. Have you been criminally charged before any court? ☐ 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)? ☐ YES ☒ NO

If YES, give details: _____

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: _____

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 items:

a. Are you a member of any indigenous group? ☐ YES ☒ NO

If YES, please specify: _____

b. Are you a person with disability? ☐ YES ☒ NO

If YES, please specify ID No: _____

c. Are you a solo parent? ☐ YES ☒ NO

If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
MARIEL E. LACAMBRA	TACLOBAN CITY	09979182041
RHODORA T. NAVARRO	TACLOBAN CITY	09773306047
HONEYLIN R. UG-UG	ORMOC CITY	09979543873

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: PRC

ID/License/Passport No.: 0007790

Date/Place of Issuance: 12-11-2018/PRC-ORMOC



Signature (Sign inside the box)

6-22-2020

Date Accomplished



Right Thumbmark

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

Person Administering Oath