

Revised 2017

**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	SORITA		
FIRST NAME	MARK LOUIE		NAME EXTENSION (JR., SR)
MIDDLE NAME	BUSTAMANTE		
3. DATE OF BIRTH (mm/dd/yyyy)	10/21/2000	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
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	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	167cm	ZIP CODE	PUROK 7
8. WEIGHT (kg)	100kg		House/Block/Lot No. Street
9. BLOOD TYPE		18. PERMANENT ADDRESS	CONCEPCION
10. GSIS ID NO.			Subdivision/Village Barangay
11. PAG-IBIG ID NO.	121353594032	ZIP CODE	HILONGOS LEYTE
12. PHILHEALTH NO.	13 - 252526268 - 9		City/Municipality Province
13. SSS NO.	06 - 5000022 - 7	19. TELEPHONE NO.	6524
14. TIN NO.	741 - 180 - 230	20. MOBILE NO.	0950 213 0139
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	soritamarklouie21@gmail.com

**II. FAMILY BACKGROUND**

22. SPOUSE'S SURNAME			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	SORITA			
FIRST NAME	PAMFILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GOLTIANO			
25. MOTHER'S MAIDEN NAME				
SURNAME	BUSTAMANTE			
FIRST NAME	RIVA			
MIDDLE NAME	SALVALEON		(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	GRELINA OSMEÑA CHRISTIAN COLLEGE	ELEMENTARY GRADUATE	2010	2014		2014	

SECONDARY	GRELINA OSMEÑA CHRISTIAN COLLEGE	HIGH SCHOOL GRADUATE	2014	2018		2018	
VOCATIONAL / TRADE COURSE	SAINT JOSEPH COLLEGE - HUMSS	HUMSS	2018	2020		2020	
COLLEGE	SAINT JOSEPH COLLEGE	BACHELOR OF ARTS IN PHILOSOPHY	2020	2024		2024	
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		12/15/2024		