

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	BARBOSA		
FIRST NAME	KYLE DOMINICA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	CALAPIZ		
3. DATE OF BIRTH (mm/dd/yyyy)	10/11/2001	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	SANTA FE, LEYTE	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 ZONE 2 SAN ROQUE Subdivision/Village Barangay SANTA FE LEYTE City/Municipality Province
7. HEIGHT (m)	1.50	ZIP CODE	6513
8. WEIGHT (kg)	45		
9. BLOOD TYPE	UNKNOWN	18. PERMANENT ADDRESS	House/Block/Lot No. Street ZONE 2 SAN ROQUE Subdivision/Village Barangay SANTA FE LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6513
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-202999248-0		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	0906 399 5794 / 0992 819 0780
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	kyledominicabarbosa00@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
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BARBOSA			
FIRST NAME	DOMINADOR	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MODESTO			
25. MOTHER'S MAIDEN NAME				
SURNAME	CALAPIZ			
FIRST NAME	CAROL			
MIDDLE NAME	BANZON		(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	SAN ROQUE ELEMENTARY SCHOOL	PRIMARY EDUCATION	2008	2014	GRADUATED	2014	NONE
SECONDARY	SANTA FE NATIONAL HIGH SCHOOL	JUNIOR HIGH SCHOOL	2014	2018	GRADUATED	2018	NONE
VOCATIONAL / TRADE COURSE	SANTA FE STAND-ALONE SENIOR HIGH SCHOOL	TECHNICAL-VOCATIONAL- LIVELIHOOD — CAREGIVING	2018	2020	GRADUATED	2020	WITH HONORS
COLLEGE	VISAYAS STATE UNIVERSITY TOLOSA	BACHELOR OF SCIENCE IN CRIMINOLOGY	2020	2024	GRADUATED	2024	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

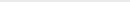
(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 5, 2025
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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	LICENSE (if applicable)		
				NUMBER	Date of Validity	
	HONOR GRADUATE ELIGIBILITY	N/A	05/06/2025	CIVIL SERVICE COMMISSION REGIONAL OFFICE VIII PALO, LEYTE	N/A	N/A
	CRIMINOLOGIST LICENSURE EXAMINATION	84.65%	02/05-07/2025	LEYTE COLLEGES SAN JOSE CAMPUS	0291302	10/11/2028

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)			
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	SAN ROQUE ELEMENTARY SCHOOL/ BRGY. SAN ROQUE SANTA FE, LEYTE	1/14/2022	3/19/2022	20 HOURS	LEARNING FACILITATOR
	BEACON FOR CHILREN/ NEW LIFE BAPTIST CHURCH SANTA FE, LEYTE	1/23/2021	2/22/2022	90 HOURS	VOLUNTEER TUTOR
	BEACON FOR CHILREN —SANTA FE, LEYTE	12/3/2020	12/24/2020	15 HOURS	GIFT & FOOD BASKET DISTRIBUTION
	BEACON FOR CHILREN— SANTA FE, LEYTE	8/27/2020	11/25/2020	96 HOURS	FEEDING PROGRAM & SCHOOL SUPPLIES DISTRIBUTION
	BEACON FOR CHILREN/ SANTA FE CENTRAL SCHOOL SANTA FE, LEYTE	1/21/2020	3/8/2020	26 HOURS	READING VOLUNTEER

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED





[illegible]

VIII. OTHER INFORMATION

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31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	GSUITE, MICROSOFT WORD, EXCEL, POWERPOINT		CERTIFICATE OF OUTSTANDING PERFORMANCE IN FIREFIGHTING		N/A
	ATTENTION TO DETAIL		BEST IN WORK IMMERSION		
	INTERPERSONAL SKILLS		PERFECT ATTENDANCE		
	COMMUNITY INVOLVEMENT				
	ART WORKS				
	SINGING				
	PLAYING MUSICAL INSTRUMENTS				

SIGNATURE		DATE	August 5, 2025
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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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>ROSE ANN D. AGUJA, PhD</td> <td>TANGHAS TOLOSA, LEYTE</td> <td>09056733499</td> </tr> <tr> <td>LIZA L. GERILLA, RCrim</td> <td>BURAUEN, LEYTE</td> <td>09153492708</td> </tr> <tr> <td>JOSELLE G. VILLAS-PETILLA RN, LPT</td> <td>TIBAK SANTA FE LEYTE</td> <td>09260725245</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	ROSE ANN D. AGUJA, PhD	TANGHAS TOLOSA, LEYTE	09056733499	LIZA L. GERILLA, RCrim	BURAUEN, LEYTE	09153492708	JOSELLE G. VILLAS-PETILLA RN, LPT	TIBAK SANTA FE LEYTE	09260725245
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></td> </tr> <tr> <td>Government Issued ID: PRC ID</td> </tr> <tr> <td>ID/License/Passport No.: 0291302</td> </tr> <tr> <td>Date/Place of Issuance: 04/25/2025 PRC- REGION OFFICE 8</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>	Government Issued ID: PRC ID	ID/License/Passport No.: 0291302	Date/Place of Issuance: 04/25/2025 PRC- REGION OFFICE 8	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 80px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">8/5/2025</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	8/5/2025	Date Accomplished				
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<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>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; height: 60px; margin-top: 20px;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 5px;"> Person Administering Oath </div> </div> <div style="width: 35%; text-align: center;">  <p style="margin-top: 5px;">PHOTO</p> <div style="border: 1px solid black; height: 100px; margin-top: 20px;"></div> <p style="margin-top: 5px;">Right Thumbmark</p> </div> </div>													