

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	ABASOLA		
FIRST NAME	MA.LORIEMAE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	MATAS		
3. DATE OF BIRTH (mm/dd/yyyy)	7/29/98	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	HINDANG, 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	N/A N/A House/Block/Lot No. Street N/A BRGY.DOOS DEL SUR Subdivision/Village Barangay HINDANG LEYTE City/Municipality Province 6523
7. HEIGHT (m)	1.524	ZIP CODE	
8. WEIGHT (kg)	45		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A BRGY.DOOS DEL SUR Subdivision/Village Barangay HINDANG LEYTE City/Municipality Province 6523
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	121231624939		
12. PHILHEALTH NO.	13-250517447-3		
13. SSS NO.	34-7780957-2	19. TELEPHONE NO.	N/A
14. TIN NO.	348-588-466-000	20. MOBILE NO.	09468644072
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	marialeeabasola@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	ABASOLA			
FIRST NAME	RUFINO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	N/A			
25. MOTHER'S MAIDEN NAME				
SURNAME	MATAS			
FIRST NAME	NATIVIDAD			
MIDDLE NAME	LUMIGUED		(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	DOOS SUR ELEMENTARY SCHOOL	PRIMARY EDUCATION	2004	2011	COMPLETED	2011	VALEDICTORIAN
SECONDARY	BONTOC NATIONAL HIGH SCHOOL	HIGH SCHOOL	2011	2014	COMPLETED	2014	SALUTATORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2014	2018	COMPLETED	2018	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF MANAGEMENT	2021	PRESENT	24 UNITS	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)

(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 required when necessary)			
<i>SIGNATURE</i>		<i>DATE</i>	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
N/A	N/A	N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ENTREPRENEURSHIP AND EXPORT COMPETITIVENESS	3/17/2017	3/17/2017	8HRS.	MANAGERIAL	LEMUEL S. PRECIADOS
	INVESTMENT LITERACY SEMINAR	09/06/2017	09/06/2017	8HRS.	MANAGERIAL	JOSE ALVIN P.SUMALINOG
	BASIC TRAINING ON RESTAURANT OPERATIONS	8/31/2018	10/12/2018	264 HRS.	(Managerial/ Supervisory	LEO S. CAMERO
	ENHANCING E-LEARNING THROUGH THE USE OF OBS STUDIO AND EXCEL QM APPLICATIONS	5/31/2021	5/31/2021	4 HRS.	TECHNICAL	EURICE ED D. MANGAOANG
	WORKSOP ON MOODLE GRADEBOOK SETUP ANG GRADING MECHANICS	08/02/2021	08/02/2021	4HRS.	TECHNICAL	EURICE ED D. MANGAOANG
	SUSTAIBANVLE AGRIBUSINESS:PRINCIPLES TO PRACTICE	03/03/2022	03/03/2022	4HRS.	TECHNICAL	ANGELITA L. PARADERO
	AGRIBUSINESS ENTERPRISE DEVELOPMENT PROJECT SEMINAR	03/04/2022	03/04/2022	4HRS.	TECHNICAL	ANGELITA L. PARADERO
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	MANAGEMENT SKILLS	LOW COMPLAINTS AWARD			PRO-HEART FOOD CORPORATION	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		

<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: FINISHED CONTRACT</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</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>HERA PAZ YAMSON</td> <td>INOPACAN, LEYTE</td> <td>09171425939</td> </tr> <tr> <td>RONELL ABSALON</td> <td>QUEZON, CITY</td> <td>09228796990</td> </tr> <tr> <td>JENECIL SANIEL</td> <td>QUEZON, CITY</td> <td>09496703833</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	HERA PAZ YAMSON	INOPACAN, LEYTE	09171425939	RONELL ABSALON	QUEZON, CITY	09228796990	JENECIL SANIEL	QUEZON, CITY	09496703833	
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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>														
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<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; width: 200px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>														



PHOTO

Right Thumbmark