

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	BRIONES		
FIRST NAME	ROSALIA	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	LACAP		
3. DATE OF BIRTH (mm/dd/yyyy)	02/23/1971	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	MAKATI, RIZAL	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	House/Block/Lot No. _____ Street _____ ZONE - 6 GUADALUPE Subdivision/Village _____ Barangay _____ BAYBAY LEYTE City/Municipality _____ Province _____ ZIP CODE 6521
7. HEIGHT (m)	1.57	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ ZONE - 6 GUADALUPE Subdivision/Village _____ Barangay _____ BAYBAY LEYTE City/Municipality _____ Province _____ ZIP CODE 6521
8. WEIGHT (kg)	63	19. TELEPHONE NO.	(053) 563-8631
9. BLOOD TYPE	"AB"	20. MOBILE NO.	09051960750
10. GSIS ID NO.	2001718592	21. E-MAIL ADDRESS (if any)	rosaliabriones19@gmail.com
11. PAG-IBIG ID NO.	0801-2565-4004		
12. PHILHEALTH NO.	13-000015056-9		
13. SSS NO.	06-1291563-5		
14. TIN NO.	186-751-413		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BRIONES		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RENATO	NAME EXTENSION (JR., SR) N/A	IVY CLAIRE L. BRIONES	01/13/2000
MIDDLE NAME	FERNANDEZ		KIM IAN L. BRIONES	09/20/2002
OCCUPATION	COMMUNITY DEVELOPMENT OFFICER			
EMPLOYER/BUSINESS NAME	PHILIPPINE CARABAO CENTER			
BUSINESS ADDRESS	VSU, BAYBAY CITY, LEYTE			
TELEPHONE NO.	(053) 563-7649/09757707213			
24. FATHER'S SURNAME	LACAP			
FIRST NAME	EMILIO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	GUINTO			
25. MOTHER'S MAIDEN NAME	POLIQUIT			
SURNAME	LACAP			
FIRST NAME	CONCHITA			
MIDDLE NAME	BARTOLINI		(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
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			From	To	Year graduated		RECEIVED
ELEMENTARY	GUADALUPE COMMUNITY SCHOOL	PRIMARY EDUCATION	1977	1983	N/A	1983	N/A
SECONDARY	EXPERIENTAL RURAL HIGH SCHOOL	HIGH SCHOOL	1983	1987	N/A	1987	N/A
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BACHELOR OF SCIENCE IN AGRICULTURE (AGRONOMY)	1987	1991	N/A	1991	N/A
GRADUATE STUDIES	LEYTE STATE UNIVERSITY	MASTER OF SCIENCE (AGRONOMY)	1993	2005	N/A	2005	N/A
	VISAYAS STATE UNIVERSITY	DOCTOR OF PHILOSOPHY (HORTICULTURE)	2015	2018	N/A	2018	DOST-ASTHRDP
(Continue on separate sheet if necessary)							
SIGNATURE			DATE				