

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases 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.

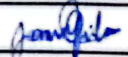
1. (2.5.10.16)

(Do not fill up for CSC use only)

2. SURNAME		QUILARIO	
FIRST NAME		JOANNAH	
MIDDLE NAME		OCBA	
3. DATE OF BIRTH (mm/dd/yyyy)	JUNE 24, 1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization P/s indicate country
4. PLACE OF BIRTH	MATALOM, 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 PUROK SAN FRANCISCO House/Block/Lot No. Street N/A STA. FE Subdivision/Village Barangay MATALOM LEYTE City/Municipality Province 6526
7. HEIGHT (m)	1.59 m	18. PERMANENT ADDRESS	N/A PUROK SAN FRANCISCO House/Block/Lot No. Street N/A STA. FE Subdivision/Village Barangay MATALOM LEYTE City/Municipality Province 6526
8. WEIGHT (kg)	52 kg	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	TYPE A	20. MOBILE NO.	09557751581
10. GDS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	joannahquilario@gmail.com
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH ID NO.			
13. SSS NO.	N/A		
14. TIN NO.			
15. AGENCY EMPLOYEE NO.	N/A		

I. 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
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	QUILARIO		
FIRST NAME	ULDARICO	NAME EXTENSION (JR., SR.)	N/A
MIDDLE NAME	INUTAN		
25. MOTHER'S MAIDEN NAME			
SURNAME	OCBA		
FIRST NAME	NILA		
MIDDLE NAME	DAYANDAN		

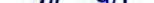
II. EDUCATIONAL BACKGROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	STA. FE ITUM ELEMENTARY SCHOOL	N/A	06/06/2005	3/30/2011	N/A	2011	3rd Hon. Mention
SECONDARY	BATO SCHOOL OF FISHERIES	N/A	06/01/2011	3/27/2015	N/A	2015	N/A
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 AGRICULTURE MAJOR IN AGRONOMY	06/06/2015	6/14/2019	N/A	2019	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN AGRONOMY	09/05/2020	08/03/2023	N/A	2023	N/A

SIGNATURE		DATE	01/09/2024
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[illegible]

V. WORK EXPERIENCE

[illegible]

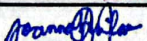
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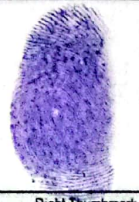
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

VIII. OTHER INFORMATION

31	SPECIAL SKILLS and HOBBIES	32	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER SKILLS		N/A		N/A
	COMMUNICATION SKILLS				
	INTERPERSONAL SKILLS				
	WORK ETHIC				
	ADAPTABILITY				
	SINGING				
	COLLECTING ORNAMENTAL PLANTS				
(Continue on separate sheet if necessary)					
SIGNATURE				DATE	02/09/2024

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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> <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 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>NILA O. QUILARIO</td> <td>BRGY. STA. FE MATALOM, LEYTE</td> <td>9050224359</td> </tr> <tr> <td>JOAN O. QUILARIO</td> <td>BRGY. STA. FE MATALOM, LEYTE</td> <td>9759956348</td> </tr> <tr> <td>RICOMARK B. IMPERIAL</td> <td>BRGY. STO. ROSARIO, BAYBAY CITY, LEYTE</td> <td>9533563242</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	NILA O. QUILARIO	BRGY. STA. FE MATALOM, LEYTE	9050224359	JOAN O. QUILARIO	BRGY. STA. FE MATALOM, LEYTE	9759956348	RICOMARK B. IMPERIAL	BRGY. STO. ROSARIO, BAYBAY CITY, LEYTE	9533563242
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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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<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; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px; background: white; padding: 2px 10px;">Person Administering Oath</div> </div> </div> <div style="width: 35%; text-align: center;">  JOANNAH O. QUILARIO PHOTO  Right Thumbmark </div> </div>													