

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 | AREVALO | | | |
| FIRST NAME | MARVIN | N/A | | |
| MIDDLE NAME | LUNGAY | | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 01/01/1981 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship | |
| 4. PLACE OF BIRTH | BAYBAY CITY, LEYTE | If holder of dual citizenship, please indicate the details. | <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization | |
| 5. SEX | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | Pls. indicate country: | |
| 6 CIVIL STATUS | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS | Philippines | |
| 7. HEIGHT (m) | 1.70 | ZIP CODE | 227 ANDRESS BONIFACIO | |
| 8. WEIGHT (kg) | 115 | | House/Block/Lot No. Street | |
| 9. BLOOD TYPE | B+ | | PAULINO AVELLANA - ZONE 2 | |
| 10. GSIS ID NO. | N/A | | Subdivision/Village Barangay | |
| 11. PAG-IBIG ID NO. | 1700-0082-4024 | | BAYBAY LEYTE | |
| 12. PHILHEALTH NO. | 13-050049208-3 | City/Municipality Province | 6521 | |
| 13. SSS NO. | 06-2158792-8 | 18. PERMANENT ADDRESS | 227 ANDRESS BONIFACIO | |
| 14. TIN NO. | 927-083-148 | ZIP CODE | House/Block/Lot No. Street | |
| 15. AGENCY EMPLOYEE NO. | N/A | | PAULINO AVELLANA - ZONE 2 | |
| | | | Subdivision/Village Barangay | |
| | | | BAYBAY LEYTE | |
| | | | City/Municipality Province | |
| | | 6521 | | |
| | | 19. TELEPHONE NO. | 053-520-8079 | |
| | | 20. MOBILE NO. | 09753878840 | |
| | | 21. E-MAIL ADDRESS (if any) | totbenz@yahoo.com | |

II. FAMILY BACKGROUND

| | | | | |
|--------------------------|------------------------------------|-----|---|----------------------------|
| 22. SPOUSE'S SURNAME | AREVALO | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | ANA LUCIA | N/A | JULIO LUVINZ G. AREVALO | 04.08.2000 |
| MIDDLE NAME | GALENZOGA | | | |
| OCCUPATION | BARANGAY SECRETARY | | | |
| EMPLOYER/BUSINESS NAME | BARANGAY PAULINO AVELLANA - ZONE 2 | | | |
| BUSINESS ADDRESS | BAYBAY CITY, LEYTE | | | |
| TELEPHONE NO. | 053-520-8079 | | | |
| 24. FATHER'S SURNAME | AREVALO | | | |
| FIRST NAME | DONALD | N/A | | |
| MIDDLE NAME | ALTAREJOS | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | LUNGAY | | | |
| FIRST NAME | ANTONIETA | | | |
| MIDDLE NAME | DAPITON | | (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 | FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION | ELEMENTARY GRADUATE | 1989 | 1994 | N/A | 1994 | N/A |
| SECONDARY | FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION | HIGH SCHOOL GRADUATE | 1995 | 1998 | N/A | 1998 | N/A |
| VOCATIONAL / TRADE COURSE | FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION | ASSOCIATE IN COMPUTER SCIENCE | 1999 | 2000 | N/A | 2000 | N/A |
| COLLEGE | FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION | BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY | 2000 | 2002 | N/A | 2002 | N/A |
| COLLEGE | FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION | BACHELOR OF SCIENCE IN COMPUTER SCIENCE | 2002 | 2003 | N/A | 2003 | N/A |

(Continue on separate sheet if necessary)

| | | | |
|-----------|--|------|------------------|
| SIGNATURE | | DATE | October 12, 2022 |
|-----------|--|------|------------------|

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 | | |
| | BARANGAY PAULINO AVELLANA - ZONE 2 | 18.04.2018 | Present | N/A | BARANGAY NUTRITION SCHOLAR |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(Continue on separate sheet if necessary)

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

| 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 | | | |
| | PERFORMANCE EVALUATION | 15.02.2007 | 22.02.2007 | 28 | SUPERVISORY | CHINGBEE TRADING CORPORATION |
| | HANDS-ON COMPUTER TRAINING ON BARANGAY MANAGEMENT INFORMATION SYSTEM FOR 2018 DATA UPDATING AND INTEGRATION OF BNS-OPT PLUS TOOL | 24.09.2018 | 25.09.2018 | 16 | TECHNICAL | LGU BAYBAY CITY |
| | MELLPI PRO RE-ORIENTATION WORKSHOP | 19.09.2019 | 19.09.2019 | 8 | TECHNICAL | CITY HEALTH OFFICE |
| | BASIC COURSE FOR BARANGAY NUTRITION SCHOLARS | 19.04.2021 | 23.04.2021 | 40 | TECHNICAL | NATIONAL NUTRITION COUNCIL |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |


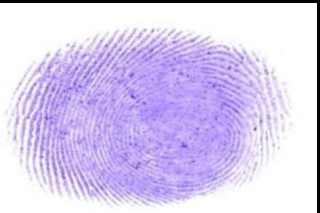

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

| 31. | SPECIAL SKILLS and HOBBIES | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
|-----|----------------------------|-----|--|-----|---|
| | PLAYING CHESS GAMES | | N/A | | FCIC ALUMNI |
| | | | | | BNS ASSOCIATION |
| | | | | | TRISKELION GRAND FRATERNITY |
| | | | | | |
| | | | | | |
| | | | | | |

(Continue on separate sheet if necessary)

| | | | |
|-----------|---|------|------------------|
| SIGNATURE |  | DATE | October 12, 2022 |
|-----------|---|------|------------------|

| | | | | | | | | | | | | | | |
|--|------------------------------|--|--------------------------|---------------------|-------------------------|------------------------------------|--|--|----------------------|-------------------|--|------------------------------|-------------------|--|
| 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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)? | | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court? | | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div> | | | | | | | | | | | | |
| 36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? | | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 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? | | <div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: RESIGNATION</div> | | | | | | | | | | | | |
| 38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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? | | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> | | | | | | | | | | | | |
| 39. Have you acquired the status of an immigrant or permanent resident of another country? | | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div> | | | | | | | | | | | | |
| 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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? | | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> | | | | | | | | | | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) | | | | | | | | | | | | | | |
| <table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>VICE-MAYOR ATTY.ERNESTO M. BUTAWAN</td><td>BAYBAY CITY LEYTE</td><td></td></tr><tr><td>MR.JEREMIAS G. GODOY</td><td>BAYBAY CITY LEYTE</td><td></td></tr><tr><td>MS.KRISTINE SHAYNE A. CASTOS</td><td>BAYBAY CITY LEYTE</td><td></td></tr></table> | | | NAME | ADDRESS | TEL. NO. | VICE-MAYOR ATTY.ERNESTO M. BUTAWAN | BAYBAY CITY LEYTE | | MR.JEREMIAS G. GODOY | BAYBAY CITY LEYTE | | MS.KRISTINE SHAYNE A. CASTOS | BAYBAY CITY LEYTE | |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | | |
| VICE-MAYOR ATTY.ERNESTO M. BUTAWAN | BAYBAY CITY LEYTE | | | | | | | | | | | | | |
| MR.JEREMIAS G. GODOY | BAYBAY CITY LEYTE | | | | | | | | | | | | | |
| MS.KRISTINE SHAYNE A. CASTOS | BAYBAY CITY LEYTE | | | | | | | | | | | | | |
| 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. | | <div> PHOTO</div> <div> Right Thumbmark</div> | | | | | | | | | | | | |
| <div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <table><tr><td>Government Issued ID:</td><td>NATIONAL ID</td></tr><tr><td>ID/License/Passport No.:</td><td>2459-7609-5468-2905</td></tr><tr><td>Date/Place of Issuance:</td><td>03/13/2022/BAYBAY CITY,LEYTE</td></tr></table> | Government Issued ID: | NATIONAL ID | ID/License/Passport No.: | 2459-7609-5468-2905 | Date/Place of Issuance: | 03/13/2022/BAYBAY CITY,LEYTE | <div> Signature (Sign inside the box) OCTOBER 12, 2022 Date Accomplished</div> | | | | | | | |
| Government Issued ID: | NATIONAL ID | | | | | | | | | | | | | |
| ID/License/Passport No.: | 2459-7609-5468-2905 | | | | | | | | | | | | | |
| Date/Place of Issuance: | 03/13/2022/BAYBAY CITY,LEYTE | | | | | | | | | | | | | |
| SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. | | | | | | | | | | | | | | |
| <div></div> <div>Person Administering Oath</div> | | | | | | | | | | | | | | |