

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	ASISTIN			
FIRST NAME	FATIMA KRIZIA		NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	CAYACO			
3. DATE OF BIRTH (mm/dd/yyyy)	08/14/2000	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship	
4. PLACE OF BIRTH	PALO LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:	
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	1203 J. PACHECO ST. House/Block/Lot No. Street N/A NAGA-NAGA Subdivision/Village Barangay PALO LEYTE City/Municipality Province 6501	
7. HEIGHT (m)	1.60 M	18. PERMANENT ADDRESS	1203 J. PACHECO ST. House/Block/Lot No. Street N/A NAGA-NAGA Subdivision/Village Barangay PALO LEYTE City/Municipality Province 6501	
8. WEIGHT (kg)	52 KG		19. TELEPHONE NO.	N/A
9. BLOOD TYPE	B+		20. MOBILE NO.	09757596063
10. GSIS ID NO.	N/A		21. E-MAIL ADDRESS (if any)	fatimaasistin@gmail.com
11. PAG-IBIG ID NO.	121326273986			
12. PHILHEALTH NO.	05-250343798-8			
13. SSS NO.	06-4647926-0			
14. TIN NO.	632-098-458-00000			
15. AGENCY EMPLOYEE NO.	N/A			

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	ASISTIN			
FIRST NAME	EUGENIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CABAJAR			
25. MOTHER'S MAIDEN NAME				
SURNAME	CAYACO			
FIRST NAME	ALMA			
MIDDLE NAME	PUERTOLLANO		(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/	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To	UNITS EARNED		
ELEMENTARY	PALO I CENTRAL SCHOOL	N/A	S.Y. 2007	S.Y. 2013	GRADUATED	2013	WITH HONORS
SECONDARY	ST. MARY'S ACADEMY OF PALO	GENERAL ACADEMIC STRAND	S.Y. 2013	S.Y. 2019	GRADUATED	2019	WITH HONORS
VOCATIONAL / TECHNICAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE NORMAL UNIVERSITY	BS TOURISM MANAGEMENT	S.Y. 2019	S.Y. 2023	GRADUATED	2023	MAGNA 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	5/7/2024
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)


V. WORK EXPERIENCE

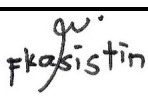
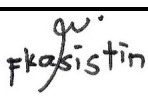
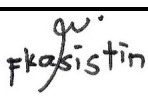


(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>gu. pkasistin</i>	DATE	5/7/2024
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	(Write in full)	INCLUSIVE DATES		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	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		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	N/A	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION			33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION
		(Write in full)				(Write in full)
	FLEXIBLE	N/A				N/A
	ORGANIZED					
	COMPUTER LITERACY					
	KEEN ON DETAILS					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	07/05/2024	

<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or 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> <hr/> <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</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: 40%;">NAME</th> <th style="width: 30%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>EMILY JILL T. NIVAL</td> <td>TACLOBAN CITY</td> <td>9328854878</td> </tr> <tr> <td>BENDEL BENNETTE P. TOBILLA</td> <td>PALO, LEYTE</td> <td>9555985292</td> </tr> <tr> <td>LOVELY VICTORIA DELUTE</td> <td>PALO, LEYTE</td> <td>9384777395</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	EMILY JILL T. NIVAL	TACLOBAN CITY	9328854878	BENDEL BENNETTE P. TOBILLA	PALO, LEYTE	9555985292	LOVELY VICTORIA DELUTE	PALO, LEYTE	9384777395
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LOVELY VICTORIA DELUTE	PALO, LEYTE	9384777395											
<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.) PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID: PHILHEALTH ID</td> </tr> <tr> <td>ID/License/Passport No.: 06-4647926-0</td> </tr> <tr> <td>Date/Place of Issuance: 2021/TACLOBAN CITY</td> </tr> </table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: PHILHEALTH ID	ID/License/Passport No.: 06-4647926-0	Date/Place of Issuance: 2021/TACLOBAN CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 50px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">07/05/2024</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	07/05/2024	Date Accomplished				
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<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>PHOTO</p> </div> <div style="text-align: center;">  <p>Right Thumbmark</p> </div> </div>													
<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; text-align: center; padding-top: 10px;"> <p>Person Administering Oath</p> </div>													