

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	ROTO		
FIRST NAME	NIÑO PAOLO		
MIDDLE NAME	RIOS		
3. DATE OF BIRTH (mm/dd/yyyy)	04/10/1999	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	ORMOC CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" 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	OSCO COMPOUND House/Block/Lot No. Street BRGY. IPIL Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province ZIP CODE 6541
7. HEIGHT (m)	5'3"	18. PERMANENT ADDRESS	OSCO COMPOUND House/Block/Lot No. Street BRGY. IPIL Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province ZIP CODE 6541
8. WEIGHT (kg)	61	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	O+	20. MOBILE NO.	09465392497
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	ninopaolo308@gmail.com
11. PAG-IBIG ID NO.	1213-0800-4465		
12. PHILHEALTH NO.	13-202845456-6		
13. SSS NO.	N/A		
14. TIN NO.	614-982-787-00000		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

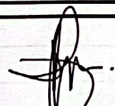

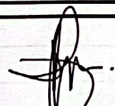

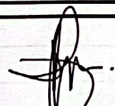

22. SPOUSE'S SURNAME	23. NAME of CHILDREN (Write full name and list all)		DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME			
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	ELEGIO		
FIRST NAME	MILVEN	NAME EXTENSION (JR, SR)	
MIDDLE NAME	ESGUERA		
25. MOTHER'S MAIDEN NAME	ROTO		
SURNAME	GENELYN		
FIRST NAME	RIOS		
MIDDLE NAME	(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	IPIL CENTRAL SCHOOL	PRIMARY EDUCATION	2006	2012	N/A	2012	N/A
SECONDARY	IPIL NATIONAL HIGH SCHOOL	SENIOR HIGH SCHOOL	2016	2018	N/A	2018	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY BAYBAY	TERTIARY	2018	2022	N/A	2022	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE	January 19, 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>END OF TERM</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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>PROF. SHEENA MAE P. LUBRIO</td> <td>BAYBAY CITY, LEYTE</td> <td>9286800902</td> </tr> <tr> <td>DR. ANNIE A. PARMIS</td> <td>BAYBAY CITY, LEYTE</td> <td>9154384726</td> </tr> <tr> <td>ENGR. FELICIANO L. SINON JR.</td> <td>BAYBAY CITY, LEYTE</td> <td>9394477500</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	PROF. SHEENA MAE P. LUBRIO	BAYBAY CITY, LEYTE	9286800902	DR. ANNIE A. PARMIS	BAYBAY CITY, LEYTE	9154384726	ENGR. FELICIANO L. SINON JR.	BAYBAY CITY, LEYTE	9394477500
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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 _____, Applicant exhibiting his/her validly issued government ID as indicated above.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <p>Doc. No. <u>136</u></p> <p>Page No. <u>29</u></p> <p>Book No. <u>1</u></p> <p>Series of <u>2024</u></p> </div> <div style="width: 60%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> BURT J. PADES Notary Public for Ormoc City and the Municipalities of Kananga, Matag-ob, Alida and Isabel, Leyte Notarial Commission No. OBM-22-12-044-NC Per Son December 31, 2024 PTR No. 7872906 1/3/2024 IOP Lifetime No. 07615 </td> </tr> </table> </div> </div>		BURT J. PADES Notary Public for Ormoc City and the Municipalities of Kananga, Matag-ob, Alida and Isabel, Leyte Notarial Commission No. OBM-22-12-044-NC Per Son December 31, 2024 PTR No. 7872906 1/3/2024 IOP Lifetime No. 07615											
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