

## 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                    | MANAPSAI   |   |   |
| FIRST NAME                    | SHAYLENE   |   | NAME EXTENSION (JR., SR)  |
| MIDDLE NAME                   | BALLICUD   |   |   |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 06/22/2000   | 16. CITIZENSHIP   | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship                            |
| 4. PLACE OF BIRTH             | CATARMAN, NORTHERN SAMAR   | If holder of dual citizenship, please indicate the details. | <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 5. SEX                        | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female   | Philippines   |   |
| 6. CIVIL STATUS               | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS                                     | PUROK 3   |
| 7. HEIGHT (m)                 | 1.68 m.  | House/Block/Lot No.   | Street  |
| 8. WEIGHT (kg)                | 70 kg.   | Subdivision/Village   | LINAO   |
| 9. BLOOD TYPE                 | A+   | INOPACAN  | Barangay  |
| 10. GSIS ID NO.               | N/A  | City/Municipality   | LEYTE   |
| 11. PAG-IBIG ID NO.           | N/A  | ZIP CODE  | 6522  |
| 12. PHILHEALTH NO.            | N/A  | 18. PERMANENT ADDRESS                                       | PUROK 3   |
| 13. SSS NO.                   | N/A  | House/Block/Lot No.   | Street  |
| 14. TIN NO.                   | 654-314-384-00000  | Subdivision/Village   | LINAO   |
| 15. AGENCY EMPLOYEE NO.       | N/A  | INOPACAN  | Barangay  |
|                               |  | City/Municipality   | LEYTE   |
|                               |  | ZIP CODE  | 6522  |
|                               |  | 19. TELEPHONE NO.   | N/A   |
|                               |  | 20. MOBILE NO.  | 09855875451   |
|                               |  | 21. E-MAIL ADDRESS (if any)                                 | shaylene0622@gmail.com  |

## 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                        |
| MIDDLE NAME              | N/A      |   |                            |
| OCCUPATION               | N/A      |   |                            |
| EMPLOYER/BUSINESS NAME   | N/A      |   |                            |
| BUSINESS ADDRESS         | N/A      |   |                            |
| TELEPHONE NO.            | N/A      |   |                            |
| 24. FATHER'S SURNAME     | MANAPSAI |   |                            |
| FIRST NAME               | CIELITO  | NAME EXTENSION (JR., SR)                            |                            |
| MIDDLE NAME              | BISNAR   | N/A   |                            |
| 25. MOTHER'S MAIDEN NAME |          |   |                            |
| SURNAME                  | BALLICUD |   |                            |
| FIRST NAME               | JOSEFINA |   |                            |
| MIDDLE NAME              | EVA      |   |                            |

(Continue on separate sheet if necessary)

## III. EDUCATIONAL BACKGROUND

| 26. LEVEL                    | NAME OF SCHOOL<br>(Write in full)               | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full) | PERIOD OF ATTENDANCE |      | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR<br>GRADUATED | SCHOLARSHIP/<br>ACADEMIC<br>HONORS<br>RECEIVED |
|------------------------------|---|--|----------------------|------|--|-------------------|--|
|                              |   |  | From                 | To   |  |                   |  |
| ELEMENTARY                   | INOPACAN CENTRAL SCHOOL                         | ELEMENTARY                                       | 2008                 | 2013 | N/A  | 2013              | 8TH HONOR                                      |
| SECONDARY                    | TINAGO NATIONAL HIGH SCHOOL                     | JUNIOR HIGH SCHOOL                               | 2013                 | 2017 | GRADE 10   | 2017              | WITH HONOR                                     |
|                              | VISAYAS STATE UNIVERSITY INTEGRATED HIGH SCHOOL | SENIOR HIGH SCHOOL                               | 2017                 | 2019 | N/A  | 2019              | N/A  |
| VOCATIONAL /<br>TRADE COURSE | N/A   | N/A  | N/A                  | N/A  | N/A  | N/A               | N/A  |
| COLLEGE                      | VISAYAS STATE UNIVERSITY                        | BACHELOR OF ELEMENTARY<br>EDUCATION              | 2019                 | 2023 | N/A  | 2023              | 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 | 02/26/25 |
|-----------|------|----------|



[illegible]

## V. WORK EXPERIENCE

[illegible]

**SIGNATURE**

DATE \_\_\_\_\_

02/26/25




[illegible]

| VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED |  |
|--|--|
| 1. Name of the program   |  |
| 2. Description of the program  |  |
| 3. Date of the program   |  |
| 4. Duration of the program   |  |
| 5. Location of the program   |  |
| 6. Name of the provider  |  |
| 7. Name of the sponsor   |  |
| 8. Name of the participant   |  |
| 9. Name of the supervisor  |  |
| 10. Name of the manager  |  |
| 11. Name of the sponsor  |  |
| 12. Name of the participant  |  |
| 13. Name of the supervisor   |  |
| 14. Name of the manager  |  |
| 15. Name of the sponsor  |  |
| 16. Name of the participant  |  |
| 17. Name of the supervisor   |  |
| 18. Name of the manager  |  |
| 19. Name of the sponsor  |  |
| 20. Name of the participant  |  |
| 21. Name of the supervisor   |  |
| 22. Name of the manager  |  |
| 23. Name of the sponsor  |  |
| 24. Name of the participant  |  |
| 25. Name of the supervisor   |  |
| 26. Name of the manager  |  |
| 27. Name of the sponsor  |  |
| 28. Name of the participant  |  |
| 29. Name of the supervisor   |  |
| 30. Name of the manager  |  |
| 31. Name of the sponsor  |  |
| 32. Name of the participant  |  |
| 33. Name of the supervisor   |  |
| 34. Name of the manager  |  |
| 35. Name of the sponsor  |  |
| 36. Name of the participant  |  |
| 37. Name of the supervisor   |  |
| 38. Name of the manager  |  |
| 39. Name of the sponsor  |  |
| 40. Name of the participant  |  |
| 41. Name of the supervisor   |  |
| 42. Name of the manager  |  |
| 43. Name of the sponsor  |  |
| 44. Name of the participant  |  |
| 45. Name of the supervisor   |  |
| 46. Name of the manager  |  |
| 47. Name of the sponsor  |  |
| 48. Name of the participant  |  |
| 49. Name of the supervisor   |  |
| 50. Name of the manager  |  |
| 51. Name of the sponsor  |  |
| 52. Name of the participant  |  |
| 53. Name of the supervisor   |  |
| 54. Name of the manager  |  |
| 55. Name of the sponsor  |  |
| 56. Name of the participant  |  |
| 57. Name of the supervisor   |  |
| 58. Name of the manager  |  |
| 59. Name of the sponsor  |  |
| 60. Name of the participant  |  |
| 61. Name of the supervisor   |  |
| 62. Name of the manager  |  |
| 63. Name of the sponsor  |  |
| 64. Name of the participant  |  |
| 65. Name of the supervisor   |  |
| 66. Name of the manager  |  |
| 67. Name of the sponsor  |  |
| 68. Name of the participant  |  |
| 69. Name of the supervisor   |  |
| 70. Name of the manager  |  |
| 71. Name of the sponsor  |  |
| 72. Name of the participant  |  |
| 73. Name of the supervisor   |  |
| 74. Name of the manager  |  |
| 75. Name of the sponsor  |  |
| 76. Name of the participant  |  |
| 77. Name of the supervisor   |  |
| 78. Name of the manager  |  |
| 79. Name of the sponsor  |  |
| 80. Name of the participant  |  |
| 81. Name of the supervisor   |  |
| 82. Name of the manager  |  |
| 83. Name of the sponsor  |  |
| 84. Name of the participant  |  |
| 85. Name of the supervisor   |  |
| 86. Name of the manager  |  |
| 87. Name of the sponsor  |  |
| 88. Name of the participant  |  |
| 89. Name of the supervisor   |  |
| 90. Name of the manager  |  |
| 91. Name of the sponsor  |  |
| 92. Name of the participant  |  |
| 93. Name of the supervisor   |  |
| 94. Name of the manager  |  |
| 95. Name of the sponsor  |  |
| 96. Name of the participant  |  |
| 97. Name of the supervisor   |  |
| 98. Name of the manager  |  |
| 99. Name of the sponsor  |  |
| 100. Name of the participant   |  |

[illegible]

**ADDITIONAL INFORMATION**

| 31. | SPECIAL SKILLS and HOBBIES                     | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full) |
|-----|--|-----|--|-----|---|
|     | ABLE TO COMMUNICATE EFFECTIVELY WITH OTHERS    |     | N/A  |     | PHILIPPINES ASSOCIATION FOR TEACHERS AND EDUCATORS        |
|     | INDEPENDENT AND SELF-RELIANT                   |     |  |     |   |
|     | FLEXIBLE MINDSET FOR FLEXIBLE WORK ENVIRONMENT |     |  |     |   |
|     | COMPUTER LITERATE                              |     |  |     |   |
|     |  |     |  |     |   |
|     |  |     |  |     |   |
|     |  |     |  |     |   |
|     |  |     |  |     |   |

|           |   |      |          |
|-----------|---|------|----------|
| SIGNATURE |  | DATE | 02/26/25 |
|-----------|---|------|----------|



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)?

☐ YES ☒ NO  
☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

35. a. Have you ever been found guilty of any administrative offense?  
b. Have you been criminally charged before any court?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Status of Case/s: \_\_\_\_\_

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

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?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

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?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ NO  
If YES, give details (country): \_\_\_\_\_

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?

☐ YES ☒ NO  
If YES, please specify: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

| NAME              | ADDRESS                 | TEL. NO.   |
|-------------------|-------------------------|------------|
| ROSARIO P. ABELA  | BAYBAY CITY LEYTE       | 9183641159 |
| BAYRON S. BARREDO | BAYBAY CITY LEYTE       | 9515112133 |
| GENRAN L. LABRA   | LILLOAN, SOUTHERN LEYTE | 9484423978 |

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.

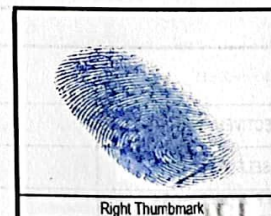
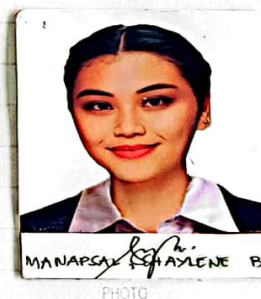
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC

ID/License/Passport No.: 2200006

Date/Place of Issuance: June 25, 2024/Robinsons Place Ormoc

Signature (Sign inside the box)  
02/26/25  
Date Accomplished



SUBSCRIBED AND SWORN to before me this **26 FEB 2025**, affiant exhibiting his/her validly issued government ID as indicated above.

**ATTY. ROMMEL P. PUSA**  
PUBLIC ATTORNEY II  
PURSUANT TO RA 109406