

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	CASPE			
FIRST NAME	OLIBETH JOY		NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	ABALOS			
3. DATE OF BIRTH (mm/dd/yyyy)	04/05/1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	SURIGAO CITY, SURIGAO DEL NORTE	If holder of dual citizenship, please indicate the details.	Philippines	
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:			
7. HEIGHT (m)	1.4986	17. RESIDENTIAL ADDRESS	ZONE 3 RIZAL STREET	
8. WEIGHT (kg)	55		House/Block/Lot No. Street	
9. BLOOD TYPE	O		SAN ROQUE,	
10. GSIS ID NO.	N/A		Subdivision/Village Barangay	
11. PAG-IBIG ID NO.	1212-411916-87		TOLOSA, LEYTE	
12. PHILHEALTH NO.	12-025831263-0	ZIP CODE	City/Municipality Province	
13. SSS NO.	06-4301003-3		6503	
14. TIN NO.	751-259-592		18. PERMANENT ADDRESS	
15. AGENCY EMPLOYEE NO.	N/A		ZONE 3 RIZAL ST.	
			House/Block/Lot No. Street	
		ZIP CODE	SAN ROQUE,	
			Subdivision/Village Barangay	
			TOLOSA, LEYTE	
			City/Municipality Province	
			6503	
19. TELEPHONE NO.	NONE			
20. MOBILE NO.	09473456514			
21. E-MAIL ADDRESS (if any)	olibethjoy4595@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	NAME EXTENSION (JR., SR)		NONE	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	CASPE			
FIRST NAME	HUGO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TERO			
25. MOTHER'S MAIDEN NAME				
SURNAME	ABALOS			
FIRST NAME	SARAH			
MIDDLE NAME	CANONIGO		(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
ELEMENTARY	SAN ROQUE ELEMENTARY SCHOOL		From	To			
SECONDARY	TOLOSA NATIONAL HIGH SCHOOL		6/1/2007	3/31/2007		2007	
VOCATIONAL /	COLEGIO DE SAN LORENZO RUIZ DE MANILA	HOUSEKEEPING NC II	6/1/2013	9/30/2013		2013	
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF LIBRARY AND INFORMATION SCIENCE	6/1/2014	3/24/2018		2018	COMPETENCE IN PRACTICUM AWARD
GRADUATE STUDIES	NONE						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 10, 2021
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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		
PHILIPPINE LIBRARIANS ASSOCIATION, INC. (PLAI)	10/1/2018	present		Member
NORTH-EASTERN LEYTE BILIRAN CONFERENCE (NELBICON) CHRISTIAN YOUTH FELLOWSHIP (CYF)	4/14/2018	present		Treasurer

(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			
Freedom of Information (FOI) Program Workshop for Librarians	08/09/2019	08/09/2019	8.0		Presidential Communications Operations Office Freedom of Information- Project Management Office / Provider Accreditation Number: LIB-2019- 047
CoViD-19 Post-Community Quarantine Strategies for Libraries	04/27/2020	04/27/2020	2.0		Emerald Publishing in partnership with Philippine Librarians Association, Inc.
LIBLIFE: Transform and Thrive During Pandemic	06/29/2020	06/29/2020	4.0		CE-Logic, Inc.
Library Leadership: Challenges and Opportunities in the Time of COVID 19 and Beyond	08/13/2020	8/13/2020	2.0		NOCEI and Regalo - Touching Lives
The Library at your Fingertips: Planning Developing School Library Programs in The New Normal	08/15/2020	8/13/2020	2.0		Philippine Association of School Librarians, Inc. and Regalo - Touching Lives
The Shift to Online-Based Education : How Libraries can Support Faculty and Students Adapt to Online Learning -- (2 CPD Credit Units)	09/30/2020	09/30/2020	2.0		Academic/Research Librarians, INC. (PAARL) and ExLibris
LibTalk 2020: A National Conference on Reading, Research, and Information Literacy (Theme: Managing the Library in a Changing and Dynamic Knowledge Society)	10/14/2020	10/16/2020	6.0		LibTalk Philippines and Regalo - Touching Lives
Storytelling in the New Normal	11/23/2020	11/23/2020	2.0		National Library Of the Philippines and Binan Culture, History, Arts & Tourism Office - City goevernment of Binan
Libraries as Catalysts in the New Normal Environment:Changes. Reforms. Transformations	11/24/2020	11/27/2020	32.0		Philippine Librarians Association, Inc. (PLAI)
Philippine Libraries and their Roles in the United Nations' Sustainable Development Goals	11/20/2020	11/20/2020	3.0		National Library Of the philippines and American Library Association (ALA)

(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)
COMPUTER PROFICIENCY AND FAMILIARITY WITH ONLINE MEDIA	NONE	NONE
INFORMATION LITERACY EXPERTISE		
ORGANIZATION AND PLANNING		
EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS		
READING		
PHOTOGRAPHY		
CYCLING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 10, 2021
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ <div style="text-align: right;">FINISHED CONTRACT</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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
Rhodora T. Navarro	TACLOBAN CITY	09773306047 / 09397209556
Hydelyn Navarra-Cinco	TACLOBAN CITY	09952404640
Bernalynn C. Segarra	TALISAY CITY, CEBU	09771048190



PHOTO

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.

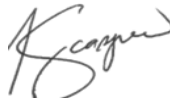
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **PRC**

ID/License/Passport No.: **0009008**

Date/Place of Issuance: **10/01/2018**



Signature (Sign inside the box)

May 10, 2021

Date Accomplished

Right Thumbmark

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

Person Administering Oath