

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	CEMPRON		
FIRST NAME	MATILDA GRACE		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	ITALIO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/12/2025	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	MALAYBALAY CITY	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	ML. QUEZON
7. HEIGHT (m)	1.49	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	43		P-6 DOLOGON
9. BLOOD TYPE	0		Subdivision/Village Barangay
10. GSIS ID NO.			MARAMAG BUKIDNON
11. PAG-IBIG ID NO.			City/Municipality Province
12. PHILHEALTH NO.	15-025554581-9	ZIP CODE	8710
13. SSS NO.		18. PERMANENT ADDRESS	House/Block/Lot No. Street
14. TIN NO.	767195646	ZIP CODE	DOLOGON
15. AGENCY EMPLOYEE NO.			Subdivision/Village Barangay
			MARAMAG BUKIDNON
			City/Municipality Province
			8710
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09277705273
		21. E-MAIL ADDRESS (if any)	matildagracecempron@gmail.com

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		NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	CEMPRON			
FIRST NAME	PEPITO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	LOGRONIO			
25. MOTHER'S MAIDEN NAME				
SURNAME	ITALIO			
FIRST NAME	FERMINA			
MIDDLE NAME	DUMBASE		(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	DOLOGON CENTRAL UNIVERSITY	BASIC EDUCATION				2012	
SECONDARY	COLLEGE OF EDUCATION, CENTRAL MINDANAO UNIVERSITY	SENIOR HIGH SCHOOL				2018	
VOCATIONAL / TRADE COURSE							
COLLEGE	CENTRAL MINDANAO UNIVERSITY	BACHERLOR OF SCIENCE IN BIOLOGY MAJOR IN MOLECULAR BIOLOGY AND BIOTECHNOLOGY				2022	SIDA-CHED
GRADUATE STUDIES	CENTRAL MINDANAO UNIVERSITY	MASTER OF SCIENCE IN BIOLOGY MAJOR IN MOLECULAR BIOLOGY AND BIOTECHNOLOGY			25		DOST-STRAND

(Continue on separate sheet if necessary)

SIGNATURE		DATE	08/21/2025
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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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details: _____</p>													
<p>35. a. Have you ever been found guilty of any administrative offense? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details: _____</p> <p>b. Have you been criminally charged before any court? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">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)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details: _____</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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details: _____</p>													
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p> <p style="text-align: right;">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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, please specify: _____</p> <p>b. Are you a person with disability? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">If YES, please specify ID No: _____</p> <p>c. Are you a solo parent? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;">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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>GART R. SOLATORIO, Ph.D.</td> <td>BATANGAN, VALENCIA CITY</td> <td>9359460194</td> </tr> <tr> <td>EDWARD LAURENCE OPENA, MSc</td> <td>LAPU-LAPU CITY, CEBU</td> <td>9062314926</td> </tr> <tr> <td>ELLEN JOY P. PANDAN, RCh, MSc</td> <td>OHIO, USA</td> <td>15513923614</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	GART R. SOLATORIO, Ph.D.	BATANGAN, VALENCIA CITY	9359460194	EDWARD LAURENCE OPENA, MSc	LAPU-LAPU CITY, CEBU	9062314926	ELLEN JOY P. PANDAN, RCh, MSc	OHIO, USA	15513923614
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ELLEN JOY P. PANDAN, RCh, MSc	OHIO, USA	15513923614											
<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>													

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	
PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	Passport
ID/License/Passport No.:	P9208171C
Date/Place of Issuance:	03/04/2025 Butuan City

Signature (Sign inside the box)
08/21/2025
Date Accomplished

PHOTO

Person Administering Oath

Right Thumbmark