

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	PIA		
FIRST NAME	ARIEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PAPA		
3. DATE OF BIRTH (mm/dd/yyyy)	6/11/1992	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	MATALOM LEYTE	If holder of dual citizenship, please indicate the details.	Please indicate country: ▼
5. SEX	<input checked="" type="checkbox"/> Male <input 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	72 House/Block/Lot No. Street SAINT AMBROSE VILLAGE BRGY. INIGUIHAN Subdivision/Village Barangay BATO LEYTE City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	6525
8. WEIGHT (kg)	70kg		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	72 House/Block/Lot No. Street SAINT AMBROSE VILLAGE BRGY. INIGUIHAN Subdivision/Village Barangay BATO LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6525
11. PAG-IBIG ID NO.	121099434014		
12. PHILHEALTH NO.	010517144024	19. TELEPHONE NO.	053-520-2271
13. SSS NO.	3439341696	20. MOBILE NO.	0915-363-0862
14. TIN NO.	44105566000	21. E-MAIL ADDRESS (if any)	arielpia@gmail.com
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	N/A			
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		
MIDDLE NAME	N/A			
25. MOTHER'S MAIDEN NAME				
SURNAME	PIA			
FIRST NAME	MAXIMA			
MIDDLE NAME	PAPA			

(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	SAINT TERESA'S SCHOOL OF BATO (STSB)		1999	2005		2005	
SECONDARY	BATO SCHOOL OF FISHERIES (BSF)		2005	2009		2009	
VOCATIONAL / TRADE COURSE	UNIVERSITY OF THE PHILIPPINES - MANILA			2019		2019	
COLLEGE	VISAYAS STATE UNIVERSITY (VSU)		2009	2013		2013	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	ARIEL P. PIA	DATE	June 11, 2021
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[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][illegible]

(Continue on separate sheet if necessary)

SIGNATURE	ARIEL P. PIA	DATE	JUNE 11, 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			
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						
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			
	Teach English as a Foreign Language (TEFL) Certificate Course	2021	2021	120		TEFL PROFESSIONAL DEVELOPMENT INSTITUTE
	Hospitals in the midst of COVID-19 Pandemic	2020	2020	1day		UNIVERSITY OF THE PHILIPPINES MANILA COLLEGE OF PUBLIC HEALTH
	Training Course on the International Classification of Diseases Version 10	2019	2019	1week		UNIVERSITY OF THE PHILIPPINES MANILA COLLEGE OF PUBLIC HEALTH
	Certificate Course in Hospital Information Management	2019	2019	1week		UNIVERSITY OF THE PHILIPPINES MANILA COLLEGE OF PUBLIC HEALTH
	Lectures and Exposure on Marketing and Advertising	2012	2012	1week		SUGBU TV CHANNEL, CEBU CITY, PHILIPPINES
	Role of Tourism Collaterals and Media in Marketing Cebu	2012	2012	1week		SUGBU TV CHANNEL, CEBU CITY, PHILIPPINES
	Campaigns, Advertising, Marketing, and Promotions	2012	2012	1week		SUGBU TV CHANNEL, CEBU CITY, PHILIPPINES
	Advertising Services and Promotions Cebu	2012	2012	1week		SUGBU TV CHANNEL, CEBU CITY, PHILIPPINES
	Branding, Market Positions, Market Segmentation, Developing and Identifying Market Segments, Ways in Attracting Customers and Sustaining the Market	2012	2012	1week		MARRIOTT HOTEL, CEBU CITY, PHILIPPINES
	Hotel Operations, Cocktail, Catering, Personality Development and Social Graces & Effective Customer Service	2012	2012	1week		MARRIOTT HOTEL, CEBU CITY, PHILIPPINES
	Ecotoursim Lecture	2011	2011	1week		MARRIOTT HOTEL, CEBU CITY, PHILIPPINES
(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)	
	EDITING PAPERS					
	PROOFREADING FILES					
	DATA ENTRY (WITH TYPING SPEED)					
	CHECKING GRAMMAR					
	PARAPHRASING ARTICLE					
(Continue on separate sheet if necessary)						
SIGNATURE		ARIEL PIA			DATE	JUNE 11, 2021

<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> <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 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>KRISTINA PIAMONTE</td> <td>MAHAPLAG LEYTE</td> <td>9956192257</td> </tr> <tr> <td>FARAH TALABO</td> <td>BATO LEYTE</td> <td>9095765949</td> </tr> <tr> <td>ANNA LUNA CHIONG</td> <td>MATALOM LEYTE</td> <td>9974403472</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	KRISTINA PIAMONTE	MAHAPLAG LEYTE	9956192257	FARAH TALABO	BATO LEYTE	9095765949	ANNA LUNA CHIONG	MATALOM LEYTE	9974403472
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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 _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;"> Person Administering Oath </div>													



PHOTO

