

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	OPPURA		
FIRST NAME	MARI ANGELA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MENDEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	10/17/1999	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	GENERAL SANTOS CITY	If holder of dual citizenship, please indicate the details.	
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:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	1.52	ZIP CODE	
8. WEIGHT (kg)	76 kg	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street Subdivision/Village POBLACION ZONE 15 BAYBAY CITY LEYTE City/Municipality Province
9. BLOOD TYPE		ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1213 1594 3588	20. MOBILE NO.	09676835292
12. PHILHEALTH NO.	13-253149295-5	21. E-MAIL ADDRESS (if any)	mariangelaoppura@gmail.com
13. SSS NO.	N/A		
14. TIN NO.	610-158-678		
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	NAME EXTENSION (JR., SR)		
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	25. MOTHER'S MAIDEN NAME		
FIRST NAME	MAR DANILO	SURNAME	MENDEZ
MIDDLE NAME	LAMBERTE	FIRST NAME	MARILYN
		MIDDLE NAME	OQUIAS
(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	BAYBAY II CENTRAL SCHOOL	GRADE 1 to 6	2006	2012		2012	
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	GRADE 7 to 10	2012	2016		2016	
SENIOR HIGH SCHOOL	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	ACCOUNTANCY, BUSINESS AND MANAGEMENT	2016	2018		2018	
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION major in FINANCE MANAGEMENT	2018	2022		2022	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)	
SIGNATURE	DATE
	MARCH 27, 2024

IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CAREER SERVICE EXAMINATION - PROFESSIONAL	80.20	8/20/2023	SAINT JOSEPH COLLEGE, MAASIN CITY, SOUTHERN LEYTE		
	CAREER SERVICE EXAMINATION - SUBPROFESSIONAL	80.79	3/26/2023	NEW ORMOC CITY NATIONAL HIGH SCHOOL, ORMOC CITY		

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	March 27, 2024

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS / ATTENDED

(Start from the most recent LAD training program and include only the relevant LAD training taken for the last five (5) years for Division Chief/Executive Managerial positions)

[illegible]



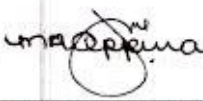
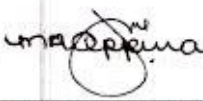
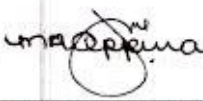
(Continue on separate sheet if necessary)

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 Skills	FCIC High School Science Club President (2014-2015)	FCIC Band and Lyre Corp. (2013-2018)
Customer Service Oriented	FCIC High School Young Mathematicians Club President (2015-2018)	
Proficient in Microsoft Office Application	FCIC College Modern Business Achievers Representative (2018-2019)	
Adaptability	FCIC College Modern Business Achievers Treasurer (2019-2021)	
Communication Skills		

(Continue on separate sheet if necessary)

SIGNATURE	<i>Ma Appina</i>	DATE	March 27, 2024
-----------	------------------	------	----------------

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 type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<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)																		
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>LOUELLA C. AMPAC</td><td>VSU</td><td>09175423297</td></tr><tr><td>QUEEN-EVER Y. ATUPAN</td><td>VSU</td><td>09173108067</td></tr><tr><td>JOCELYN T. CO</td><td>VSU</td><td>09151815224</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	LOUELLA C. AMPAC	VSU	09175423297	QUEEN-EVER Y. ATUPAN	VSU	09173108067	JOCELYN T. CO	VSU	09151815224				
NAME	ADDRESS	TEL. NO.																
LOUELLA C. AMPAC	VSU	09175423297																
QUEEN-EVER Y. ATUPAN	VSU	09173108067																
JOCELYN T. CO	VSU	09151815224																
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.		<div> MARI ANGELA M. OPPURA PHOTO</div> <div> Right Thumbmark</div>																
<table><tr><td colspan="2">Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>Philhealth ID</td></tr><tr><td>ID/License/Passport No.:</td><td>13-253149295-5</td></tr><tr><td>Date/Place of Issuance:</td><td>Ormoc City</td></tr></table>	Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	Philhealth ID	ID/License/Passport No.:	13-253149295-5	Date/Place of Issuance:	Ormoc City	<table><tr><td colspan="2"></td></tr><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2">March 27, 2024</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table>			Signature (Sign inside the box)		March 27, 2024		Date Accomplished		
Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance																		
Government Issued ID:	Philhealth ID																	
ID/License/Passport No.:	13-253149295-5																	
Date/Place of Issuance:	Ormoc City																	
																		
Signature (Sign inside the box)																		
March 27, 2024																		
Date Accomplished																		
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.																		
<div></div> <div>Person Administering Oath</div>																		