

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. CSID No

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	LUNTAYAO		
FIRST NAME	RYLAH MARIE		NAME EXTENSION (JR., SR)
MIDDLE NAME	SANTILLAN		
3. DATE OF BIRTH (mm/dd/yyyy)	06/27/1999	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY 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"/> Other/s:	17. RESIDENTIAL ADDRESS	M.L. QUEZON STREET
7. HEIGHT (m)	1.50	House/Block/Lot No.	Street
8. WEIGHT (kg)	65	Subdivision/Village	ZONE 18
9. BLOOD TYPE	O	BAYBAY CITY	Barangay
10. GSIS ID NO.	NONE	City/Municipality	LEYTE
11. MAG-IBIG ID NO.	NONE		Province
12. PHILHEALTH NO.	13-252295305-2	ZIP CODE	6521
13. SSS NO.	3511078421	18. PERMANENT ADDRESS	M.L. QUEZON STREET
14. TIN NO.	360-639-570	House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.	O18K028	Subdivision/Village	ZONE 18
		BAYBAY	Barangay
		City/Municipality	LEYTE
			Province
		ZIP CODE	6521
		19. TELEPHONE NO.	NONE
		20. MOBILE NO.	09518287117
		21. E-MAIL ADDRESS (if any)	rylahmarieluntayao@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR., SR)	NA	NA
MIDDLE NAME	NA			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	LUNTAYAO			
FIRST NAME	ROGELIO			
MIDDLE NAME	NICOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	SANTILLAN			
FIRST NAME	CHONA			
MIDDLE NAME	HERNENDO			

(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	GAAS ELEMENTARY SCHOOL	Primary Education			NA	2011	Salutatorian
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	High School			NA	2015	5th HONORABLE MENTION
VOCATIONAL / TRADE COURSE	NA	NA			NA	NA	NA
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR IN SECONDARY EDUCATION			NA	2019	NONE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	3/9/22
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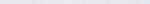
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(Continue on separate sheet if necessary)

V. WORK EXPERIENCE	
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[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE		3/29/22
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[illegible]

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Cost	
7. Sponsor	
8. Contact Person	
9. Other Information	

[illegible]

15. OTHER INFORMATION

[illegible]

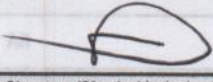
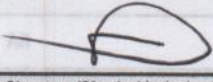
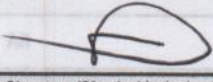



(Continue on separate sheet if necessary)

SIGNATURE		DATE	3/29/22
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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 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>JASON LAGUNA</td><td>HIPUSNGO BAYBAY LEYTE</td><td>9069273509</td></tr><tr><td>EMMALINDA MODINA</td><td>ZONE 18 BAYBAY LEYTE</td><td>9978738118</td></tr><tr><td>ROCHELYN BAGARINAO</td><td>HIPUSNGO BAYBAY LEYTE</td><td>2000377021</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	JASON LAGUNA	HIPUSNGO BAYBAY LEYTE	9069273509	EMMALINDA MODINA	ZONE 18 BAYBAY LEYTE	9978738118	ROCHELYN BAGARINAO	HIPUSNGO BAYBAY LEYTE	2000377021		
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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.															
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SUBSCRIBED AND SWORN to before me this <u>MAR 29 2022</u> , affiant exhibiting his/her validly issued government ID as indicated above.															
<table><tr><td>JUV. NO. <u>1379</u> PAGE NO. <u>99</u> BOOK NO. <u>1020</u> SERIES OF <u>1020</u></td><td>ATTY. WILLIE JR. I. DE GUZMAN PUBLIC ATTORNEY PURSUANT TO R.A. 9406 Person Administering Oath</td></tr></table>		JUV. NO. <u>1379</u> PAGE NO. <u>99</u> BOOK NO. <u>1020</u> SERIES OF <u>1020</u>	ATTY. WILLIE JR. I. DE GUZMAN PUBLIC ATTORNEY PURSUANT TO R.A. 9406 Person Administering Oath												
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