PERSONAL DATA SHEET

Segretaria	I. PERSONAL INFORMATION	V								
MINITER MINISTRA MINITER MINISTRA MINISTR	2. SURNAME	COSTILLAS								
DESCRIPTION	FIRST NAME	IRIS						NAME EXTENSION (JR	R., SR)	
Mac	MIDDLE NAME	FELISILDA								
A PLACE OF BRTH				16. CITIZENSHIP		✓ Filipino	о П	Dual Citizenship		
SERX	(11111/100/37777)	08/21/1998				_ '			by naturaliza	ation
SSEX	4. PLACE OF BIRTH	TAGBILARAN	I CITY	If holder of dual citizer	nship,			Pls. indicate	country:	
Motional	5. SEX	☐ Male	✓ Female	please indicate the de	etails.					•
March Mar	6 CIVIL STATUS		_	17. RESIDENTIAL ADDRESS				l		
NEIGHT (m)			□ Separated		пои		J.			
A WEIGHT (in)	7.11510117 ()									
S. BLOCK TYPE					Ci	ty/Municipality			Province	
Marie Mari	8. WEIGHT (kg)	62								
1. PAG-BIG ID NO. 2. PRILITERAL TH NO. 2. MOBILE NO. 2. EMAIL ADDRESS (if any) 3. SENDER SURFAME 3. MOBILE NO. 3. SENDER SURFAME	9. BLOOD TYPE	AB-		18. PERMANENT ADDRESS				<u> </u>	ELSALVADOR	
1. PAG-BIG ID NO. 2. PMLHEALTH NO. 2. MOBBLE NO. 2. PMLHEALTH NO. 3. 49588131-0 19. TELEPHONE NO. 3. 49588131-0 19. TELEPH	10. GSIS ID NO.				Cuit					
12 PILLIPEALTH NO.	11. PAG-IBIG ID NO.						;			
14. TIN NO. 20. MOBILE NO. 21. E-MAIL ADDRESS (if amy) 3250045377 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if amy) 3250045377 16. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if amy) 3250045377 27. AMERICA OF HILDREN (Wite full name and list all) 3250045077 28. POUSE'S SURNAME FIRST NAME ADDRESS (if amy) 3250045377 29. MAME EXTENSION (IR. SR) COSTILLAS, ATHEA LOUISE 07(720)2015 10. AME EXTENSION (IR. SR) COSTILLAS, ATHEA LOUISE 07(720)2015 10. COUPATION COSTILLAS, ATHEA LOUISE 07(720)2015 11. FAMILEY BACKGROUND COSTILLAS FIRST NAME ADDRESS (If amy) 3250045377 12. FAMILERS SURNAME COSTILLAS FIRST NAME ADDRESS (If amy) 3250045377 12. FAMILERS SURNAME FIRST NAME ADDRESS (If amy) 3250045377 12. FAMILERS SURNAME FIRST NAME ADDRESS (If amy) 3250045377 13. AME OF CHILDREN (Wite Infull) DATE OF BIRTH (Immiddlyyyy) 3250045377 14. TIN NO. 25. MOTHER'S WARDEN NAME ADDRESS (If amy) 3250045377 15. AGENCY EMPLOYEE NO. 25. MOTHER'S MAILE IN THE ADDRESS (If amy) 3250045377 16. AGENCY EMPLOYEE NO. 25. MOTHER'S MAILE IN THE ADDRESS (If amy) 3250045377 17. FAMILE ADDRESS (If amy) 3250045377 18. AGENCY EMPLOYEE NO. 25. MOTHER'S MAILE IN THE ADDRESS (If amy) 3250045377 18. AGENCY EMPLOYEE NO. 25. MOTHER'S MAILE IN THE ADDRESS (If amy) 3250045377 18. AGENCY EMPLOYEE NO. 25. MOTHER'S MAILE IN THE ADDRESS (If amy) 3250045377 18. AGENCY EMPLOYEE NO. 25. MOTHER'S MAILE IN THE ADDRESS (If amy) 3250045377 18. AGENCY EMPLOYEE NO. 25. MOTHER'S MOTH	12. PHILHEALTH NO.			ZIP CODE	01	сулиаторинсу			1 10411100	
15. AGENCY EMPLOYEE NO. 21. EMAIL ADDRESS (# any) 22. SPOUSE'S SURNAME FIRST NAME MIDDLE	13. SSS NO.	34-9588131-0		19. TELEPHONE NO.						
FAMILY BACKGROUND	14. TIN NO.			20. MOBILE NO.			09	9350045377		
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	ELEMENTARY	SAN PASCUAL ELEMEN	TARY SCHOOL	BASIC EDUCATION		06/01/2005	04/01/2011		2011	_

SECONDARY	ALICIA TECHNICAL-VOCATIOAL HIGH SCHOOL	SECONADARY EDUCATIONAL	06/01/2011	04/01/2015		2015	3RD HONORABL
VOCATIONAL / TRADE COURSE	ALICIA TECHNICAL-VOCATIOAL HIGH SCHOOL	TESDA NCII COMPUTER HARDWARE SERVICING	06/01/2012	04/01/2015		2015	PASSER
COLLEGE	LEYTE NORMAL UNIVERSITY	BSED-SOCIAL STUDIES	06/01/2016	12/08/2020		2020	AWARDEE
GRADUATE STUDIES							
	(Continue on separate sheet if necessary)						
SIGNATURE	DATE						

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IV. CIVIL SI	ERVICE ELIG	BILITY							
	ER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	oplicable)
	SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / PLACE OF EXAMINATION / CONFERMENT CONFERMENT			RMENT	NUMBER	Date of
									Validity
				4	#				
V. WORK F	XPERIENCE		(Con	tinue on separate sheet	п necessary)				
		nt. Start from your recen	t work) Descriptio	n of duties should l	pe indicated in the attach	ed Work Ext		t.	
	ISIVE DATES m/dd/yyyy)	POSITION T	ITLE	DEPARTMENT / AG	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	То	(Write in full/Do not	abbreviate)		I/Do not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
7 10111	10						INOINEINI		

		(Con	tinue on separate sheet	if necessarv)		
SIGNA	TURE			DATE		

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VI. VOLUI	NTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY (ORGANIZATIO	DN/S	
						<i>,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
29.	NAME & ADDRESS OF O (Write in full		INCLUSI\ (mm/d	/E DATES d/vvvv)	NUMBER OF HOURS		POSITION / NATURE OF WORK
	(write iii idii)	From	То			7 5511,517,111,151,2 51, 1151,41
		(Con:	tinue on separate s	sheet if necessary	()		
VII. I FAR	RNING AND DEVELOPMENT (L&D)				1		
	e most recent L&D/training program and inclu				: hief/Executive/Mar	nagerial positions)	
	3 - 3	,					
30. T	TITLE OF LEARNING AND DEVELOPMENT INTE	ERVENTIONS/TRAINING PROGRAMS		DATES OF DANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
	(Write in full		(mm/d	d/yyyy)	NUMBER OF HOURS	Supervisory/	(Write in full)
			From	То		Technical/etc)	
		(Con	tinue on separate s	sheet if necessary)		
VIII. OTH	ER INFORMATION						
			ACADEMIA SIAS	IOTIONS / PEG.	ONITION		MEMBEROUID III ACCCOLATION/CECONICATION
31.	SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN Write	ICTIONS / RECOG in full)	NITINI		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
			(,			,

	T		
	(Continue on separate sheet if necessary)		
SIGNATURE		DATE	

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34.	Are you related by consanguinity or affinity to the appointic chief of bureau or office or to the person who has immediately bureau or Department where you will be appointed,					
	a. within the third degree?		☐ YES [□ NO		
	b. within the fourth degree (for Local Government Unit - C	Career Employees)?	☐ YES [□ NO		
			If YES, give detail:	ls:		
35.	a. Have you ever been found guilty of any administrative	offense?	☐ YES [□ NO		
	, , , ,		If YES, give details			
	b. Have you been criminally charged before any court?		☐ YES	□ NO		
	b. Have you been omining oranged bolore any count.		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	☐ YES	□NO		
	by any court or tribunal?		If YES, give details	ls:		
37.	Have you ever been separated from the service in any of		☐ YES	□NO		
	retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	end of term, finished contract of phaseu	If YES, give detail:	S:		
38.	a. Have you ever been a candidate in a national or local e	election held within the last year (except	☐ YES	□ NO		
	Barangay election)?	, , ,	If YES, give details:			
	b. Have you resigned from the government service during	the three (3)-month period before the last	☐ YES	□ NO		
	election to promote/actively campaign for a national or loc		If YES, give detail			
39.	Have you acquired the status of an immigrant or permane	ent resident of another country?	☐ YES	□ NO		
			If YES, give details			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)					
a.	Are you a member of any indigenous group?		☐ YES	. □ NO		
b.	Are you a person with disability?		If YES, please specify	ry: □ NO		
	Are you a person with disability:		If YES, please specify ID No:			
C.	Are you a solo parent?		☐ YES ☐ NO			
			If YES. please specific	v ID No:		
41.	REFERENCES (Person not related by consanguinity or affinity to applic	ant /appointee)				
	NAME	ADDRESS	TEL. NO.	ID picture taken within		
		!	[the last 6 months 3.5 cm. X 4.5 cm		
				(passport size)		
			<u> </u>	With full and handwritten		
				name tag and signature over printed name		
42.	I declare under oath that I have personally accomplish			Computer generated		
	complete statement pursuant to the provisions of pert Philippines. I authorize the agency head/authorized re		•	or photocopied picture		
	I agree that any misrepresentation made in this de	· ·		PHOTO		
	administrative/criminal case/s against me.					
G	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)					
	PLEASE INDICATE ID Number and Date of Issuance					
G	Sovernment Issued ID:					
IC	D/License/Passport No.:	Signature (Sign inside the bo	novl			
		eighatare (eigh moide the b	OA)			

Date/Place of Issuance:	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

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