

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	BELISADO		
FIRST NAME	RODULFO	NAME EXTENSION (JR., SR)	JR.
MIDDLE NAME	GODOY		
3. DATE OF BIRTH (mm/dd/yyyy)	11/19/1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input 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	SITIO COLO
7. HEIGHT (m)	1.63	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	91		BRGY. KAN-IPA
9. BLOOD TYPE	N/A		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		BAYBAY LEYTE
11. PAG-IBIG ID NO.	121232957658		City/Municipality Province
12. PHILHEALTH NO.	N/A	18. PERMANENT ADDRESS	SITIO COLO
13. SSS NO.	06-4149308-9	ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	725-007-235		BRGY. KAN-IPA
15. AGENCY EMPLOYEE NO.	00560		Subdivision/Village Barangay
			BAYBAY LEYTE
			City/Municipality Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09203429869
		21. E-MAIL ADDRESS (if any)	rodulfobelisadojr@gmail.com

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		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	BELISADO		N/A	N/A
FIRST NAME	RODULFO	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	NER		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	GODOY		N/A	N/A
FIRST NAME	ROSITA		N/A	N/A
MIDDLE NAME	VALENZONA		(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 I CENTRAL SCHOOL	GRADE 1 TO GRADE 6	2003	2009	N/A	2009	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	1ST YEAR HIGH SCHOOL - 4TH YEAR HIGH SCHOOL	2009	2013	N/A	2013	N/A
VOCATIONAL /	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Franciscan College of the Immaculate Conception	Bachelor of Science in Business Administration major in Human Resource Development and Management	2014	2018	N/A	2018	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JANUARY 22, 2024
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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	
	N/A		N/A	N/A	N/A	N/A	N/A	
(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.								
28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV T SERVICE
	From	To						
	01/24/2022	PRESENT	BAYBAY CITY PAROLE AND PROBATION OFFICE	LOCAL GOVERNMENT UNIT BAYBAY	6,500.00	N/A	JOB ORDER	Y
	10/1/2018	01/21/2022	BUS TERMINAL AND TRAFFIC MANAGEMENT OFFICER	LOCAL GOVERNMENT UNIT BAYBAY	9,500.00	N/A	JOB ORDER	Y
	4/1/2016	4/1/2018	BOTICA CAYUNDA STORE CLERK	BOTICA CAYUNDA	N/A	N/A	WORKING STUDENT	N
(Continue on separate sheet if necessary)								
SIGNATURE		Rgbf		DATE		JANUARY 22, 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

[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 LITERATE	N/A	N/A
COMMUNICATION SKILLS		
MULTI-TASKING SKILLS		
PLAYING BASKETBALL		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JANUARY 22, 2024
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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)?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME		TEL. NO.
MRS. JO ANN A. DACERA		SUPERVISOR, BCPPO BAYBAY 09173078805
MR. MEL MORILLO		BCPPO BAYBAY CITY 09207547085
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>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: DRIVER'S LICENSE</div> <div>ID/License/Passport No.: H12-18-002145</div> <div>Date/Place of Issuance: LTO BAYBAY CITY LEYTE</div>		<div></div> <div>Signature (Sign inside the box)</div> <div>JANUARY 22, 2024</div> <div>Date Accomplished</div>
		<div></div> <div>Right Thumbmark</div>
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>		