

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	CABALLERO			
FIRST NAME	JOBERT		NAME EXTENSION (JR., SR)	
MIDDLE NAME	LAPARA			
3. DATE OF BIRTH (mm/dd/yyyy)	10/08/1989	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	BAYBAY LEYTE	If holder of dual citizenship, please indicate the details.	Philippines	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:			
7. HEIGHT (m)	1.63	17. RESIDENTIAL ADDRESS	PUROK 4	
8. WEIGHT (kg)	73		House/Block/Lot No.	Street
9. BLOOD TYPE	O			PANGASUGAN
10. GSIS ID NO.	N/A		Subdivision/Village	Barangay
11. PAG-IBIG ID NO.	1212-0355-1530		BAYBAY	LEYTE
12. PHILHEALTH NO.	13-000103073-7	ZIP CODE	6521-A	
13. SSS NO.	34-1867680-3	18. PERMANENT ADDRESS	PUROK 4	
14. TIN NO.	482-438-875-000		House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.	N/A			PANGASUGAN
			Subdivision/Village	Barangay
			BAYBAY	LEYTE
		ZIP CODE	6521-A	
		19. TELEPHONE NO.	N/A	
		20. MOBILE NO.	0951 852 0481	
		21. E-MAIL ADDRESS (if any)	jobert.caballero1989@gmail.com	

II. FAMILY BACKGROUND




22. SPOUSE'S SURNAME	CABALLERO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LADYLYN	NAME EXTENSION (JR., SR)	JASMIN GRACE A. CABALLERO	01/18/2011
MIDDLE NAME	ALARCON		JAYRON BRYLE A. CABALLERO	09/02/2014
OCCUPATION	HOUSEWIFE			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CABALLERO			
FIRST NAME	JAIME	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ABANAG			
25. MOTHER'S MAIDEN NAME				
SURNAME	LAPARA			
FIRST NAME	MARIA VILLA			
MIDDLE NAME	GUMBA		(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	PANGASUGAN ELEM. SCHOOL	PRIMARY EDUCATION	06/01/1997	03/31/2002	GRADUATED	2002	N/A
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	06/01/2002	03/31/2006	GRADUATED	2006	N/A
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	COLLEGE LEVEL	BS in ANIMAL SCIENCE	06/01/2006	08/30/2006	11 UNITS		N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 16, 2023
-----------	--	------	---------------

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)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>ENGR. MARLON BURLAS</td><td>VSU - GSD</td><td></td></tr><tr><td>HAZEL GRACE T. TAGANAS</td><td>ATI-RTC VIII</td><td>(053) 5638-933</td></tr><tr><td>DR. DENNIS P. PEQUE</td><td>VSU - CFES</td><td></td></tr></table>			NAME	ADDRESS	TEL. NO.	ENGR. MARLON BURLAS	VSU - GSD		HAZEL GRACE T. TAGANAS	ATI-RTC VIII	(053) 5638-933	DR. DENNIS P. PEQUE	VSU - CFES	
NAME	ADDRESS	TEL. NO.												
ENGR. MARLON BURLAS	VSU - GSD													
HAZEL GRACE T. TAGANAS	ATI-RTC VIII	(053) 5638-933												
DR. DENNIS P. PEQUE	VSU - CFES													
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> <table><tr><td>Government Issued ID:</td><td>TIN</td></tr><tr><td>ID/License/Passport No.:</td><td>482-438-875-000</td></tr><tr><td>Date/Place of Issuance:</td><td>04/21/2017 Ormoc City</td></tr></table>	Government Issued ID:	TIN	ID/License/Passport No.:	482-438-875-000	Date/Place of Issuance:	04/21/2017 Ormoc City	<div></div> <table><tr><td>Signature (Sign inside the box)</td></tr><tr><td>June 16, 2023</td></tr><tr><td>Date Accomplished</td></tr></table>	Signature (Sign inside the box)	June 16, 2023	Date Accomplished	<div></div> <p>PHOTO</p> <div></div> <p>Right Thumbmark</p>			
Government Issued ID:	TIN													
ID/License/Passport No.:	482-438-875-000													
Date/Place of Issuance:	04/21/2017 Ormoc City													
Signature (Sign inside the box)														
June 16, 2023														
Date Accomplished														
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<table><tr><td>Person Administering Oath</td></tr></table>			Person Administering Oath											
Person Administering Oath														