

## 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	BARBOSA		
FIRST NAME	RACHELLE ANN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ADIGUE		
3. DATE OF BIRTH (mm/dd/yyyy)	23/09/1989	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	SUCAT PARANAQUE METRO MANILA	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	5'6"	ZIP CODE	
8. WEIGHT (kg)	79		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	ZONE 6 House/Block/Lot No. Street BRGY. GUADALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	
11. PAG-IBIG ID NO.	922003578136		
12. PHILHEALTH NO.	132531581044		
13. SSS NO.		19. TELEPHONE NO.	
14. TIN NO.	604530977000	20. MOBILE NO.	09061238038
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	<a href="mailto:rachelleambarbosa@gmail.com">rachelleambarbosa@gmail.com</a>

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BARBOSA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARTIN	NAME EXTENSION (JR., SR)	RALPH MARTIN A. BARBOSA	23/02/2009
MIDDLE NAME	BA-AY		RICK MARTIN A. BARBOSA	25/09/2011
OCCUPATION	SCIENCE RESEARCH ASSISTANT			
EMPLOYER/BUSINESS NAME	VSU-PHILROOTCROPS			
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.				
24. FATHER'S SURNAME	ADIGUE			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DIOLOLA			
25. MOTHER'S MAIDEN NAME	REBECCA M. METING			
SURNAME	ADIGUE			
FIRST NAME	REBECCA			
MIDDLE NAME	METING		(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	BITANHUAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	2001	2003		2003	SALUTATORIAN
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2003	2007		2007	
VOCATIONAL / TRADE COURSE	VISAYAS STATE UNIVERSITY	BS AGRICULTURE	2017	2019		2019	WITH HONORS
COLLEGE	VISAYAS STATE UNIVERSITY	BS AGRICULTURE	2017	2021		2021	CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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[illegible]

(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				SALARY/ JOB/ PAY		
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[illegible]

(Continue on separate sheet if necessary)

<i>SIGNATURE</i>		<i>DATE</i>	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Academic Poster Presentation Department of Pest Management, VSU	October 15, 2019		4.0	Participant/Present or	DR. MARY JOY M. ABIT
	Webinar entitled "Staying Healthy: Mind, Body and Spirit"	August 28, 2020		8.0	Participant	Ernesto M. Granada – DOST Director
	Green-the-Home Project Replanning Workshop	March 16, 2022		8.0	Organizer	DAEEx/VSU/LGU Hilongos
(Continue on separate sheet if necessary)						
					MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
VIII						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33.	National Service Training Program (Team Helpful) Visayas State University President (2017-2018)
	Cooking					Plant Protection Major's Association Visayas State University 3rd Year Representative (2019-2020)
	Friendly and accommodating					
	Responsible					
	Computer Literate					
	Fast Learner					
	Can speak Tagalog, English and Cebuano/Bisaya					
	Capable of multi-tasking					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		

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>		
		<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)			<div> PHOTO</div> <div><div></div><div>Right Thumbmark</div></div>	
NAME		ADDRESS		TEL. NO.
DENNIS M. CAGANTAS		MACROHON, SO. LEYTE		9771898814
JESUSITO L. LIM		BRGY. PANGASUGAN, BAYBAY CITY, LEYTE	9175309535	
YOLANDA D.C. MANGAOANG		MARCOS, BAYBAY CITY, LEYTE	9233757315	
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:</div> <div>ID/License/Passport No.:</div> <div>Date/Place of Issuance:</div>		<div></div> <div>Signature (Sign inside the box)</div> <div></div> <div>Date Accomplished</div>		
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. <div><div></div><div>Person Administering Oath</div></div>				