

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	GINGCO		
FIRST NAME	KATRINKA JANE		
MIDDLE NAME	DULACA		
3. DATE OF BIRTH (mm/dd/yyyy)	08/02/1998	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	ORMOC CITY, LEYTE	If holder of dual citizenship, please indicate the details:	Philippines ▼
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
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	House/Block/Lot No. Street GOLDEN SHOWER DISTRICT POBLACION Subdivision/Village Barangay MERIDA LEYTE City/Municipality Province
7. HEIGHT (m)	1.62	ZIP CODE	
8. WEIGHT (kg)	64		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. Street GOLDEN SHOWER DISTRICT POBLACION Subdivision/Village Barangay MERIDA LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6540
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	06-3857728-0	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	0935-2671-522
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	katrinkagingco@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			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GINGCO			
FIRST NAME	FELIX	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DONAYRE			
25. MOTHER'S MAIDEN NAME				
SURNAME	DULACA			
FIRST NAME	VIRGINCITA			
MIDDLE NAME	ROSAL			

(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	MERIDA CENTRAL SCHOOL	ELEMENTARY GRADUATE	2005	2011		2011	SALUTATORIAN
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	HIGH SCHOOL GRADUATE	2011	2015		2015	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS	BACHELOR IN SECONDARY EDUCATION MAJOR IN MATHEMATICS	2015	2019		2019	CUM LAUDE
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS-TALAMBAN CAMPUS	MASTER OF ARTS IN MATHEMATICS EDUCATION	2020	2022		2022	

(Continue on separate sheet if necessary)

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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
	PD 907	N/A	06/14/2019	GOVERNMENT CENTER, PALO, LEYTE	100108190697	06/14/2019
	PROFESSIONAL TEACHERS	84.20%	*09/2019	TACLOBAN CITY, LEYTE	1801162	08/02/2022
	DRIVER'S LICENSE	N/A	07/26/2021	ORMOC CITY, LEYTE	H03-21-201128	08/02/2025


(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.

[illegible]

(Continue on separate sheet if necessary)

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29	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A


VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D training program and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive Managerial positions)

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Microsoft Office Suite, including Word, Excel, and PowerPoint	Recognition Award for Academic Excellence in Science and Technology Department of Science and Technology – Science Education Institute and Department of Science and Technology Regional Office No. VIII (August 2019)	N/A
Data Analysis Software including SPSS	Award for Academic Excellence (cum laude) - June 14, 2019	
Oral and Written Skills		
Mathematics Problem Solving Skills		
Interpersonal skills		

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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: <u>083736017038</u></p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>

41. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
RAYMUND M. IGCASAMA	DEPARTMENT OF MATHEMATICS AND PHYSICS, VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	
ENRIQUETA D. RESTON	SCHOOL OF EDUCATION, UNIVERSITY OF SAN CARLOS, CEBU CITY	
AQUILINO B. MATUGAS	MERIDA CENTRAL SCHOOL, POBLACION, MERIDA, LEYTE	

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.



KATRINKA JANE D. GINGCO

PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC

ID/License/Passport No.: 1801162

Date/Place of Issuance: 12/12/2019 - ORMOG CITY, LEYTE

Signature (Sign inside the box)

07/23/2022

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