


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		CASTRO								
FIRST NAME		ANGELICA NICOLE						NAME EXTENSION (JR., SR)		N/A
MIDDLE NAME		N/A								
3. DATE OF BIRTH (mm/dd/yyyy)		11/20/1999		16. CITIZENSHIP If holder of dual citizenship, please indicate the details.		Filipino		Dual Citizenship		
4. PLACE OF BIRTH		GMA, CAVITE				by birth		by naturalization		
5. SEX		Male Female				Pls. indicate country:				
6 CIVIL STATUS		Single Married Widowed Separated Other/s:		17. RESIDENTIAL ADDRESS ZIP CODE		N/A		N/A		
7. HEIGHT (m)		1.57				House/Block/Lot No.		Street		
8. WEIGHT (kg)		55				N/A		N/A		
						Subdivision/Village		Barangay		
						N/A		N/A		
						City/Municipality		Province		
9. BLOOD TYPE		N/A		18. PERMANENT ADDRESS ZIP CODE		N/A		ZONE 6		
10. GSIS ID NO.		N/A				House/Block/Lot No.		Street		
11. PAG-IBIG ID NO.		N/A				N/A		HILAPNITAN		
						Subdivision/Village		Barangay		
						BAYBAY		LEYTE		
						City/Municipality		Province		
12. PHILHEALTH NO.		13-025573911-6				6521				
13. SSS NO.		N/A		19. TELEPHONE NO.		N/A				
14. TIN NO.		N/A		20. MOBILE NO.		09552188656				
15. AGENCY EMPLOYEE NO.		N/A		21. E-MAIL ADDRESS (if any)		angelicanicolecastro3@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		NITRO							
FIRST NAME		MANOLO							
MIDDLE NAME		GARCIA							
25. MOTHER'S MAIDEN NAME		ANDRESA FORMENTERA CASTRO							
SURNAME		CASTRO							
FIRST NAME		ANDRESA							
MIDDLE NAME		FORMENTERA				(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		HILAPNITAN ELEMENTARY SCHOOL		PRIMARY EDUCATION		1/6/2011 4/30/2012		N/A	2012	FIRST HONORABLE MENTION
SECONDARY		CARIDAD NATIONAL HIGH SCHOOL		HIGH SCHOOL		1/6/2015 4/30/2016		N/A	2016	WITH HONORS
VOCATIONAL / TRADE COURSE		N/A		N/A		N/A N/A		N/A	N/A	N/A
COLLEGE		VISAYAS STATE UNIVERSITY		BACHELOR OF ARTS IN ENGLISH LANGUAGE STUDIES		1/6/2018 6/15/2022		N/A	2022	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		JULY 20,2022		

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




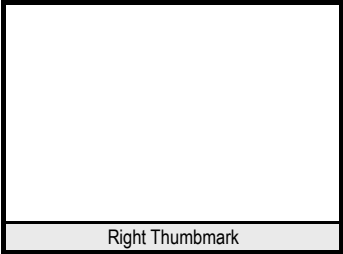

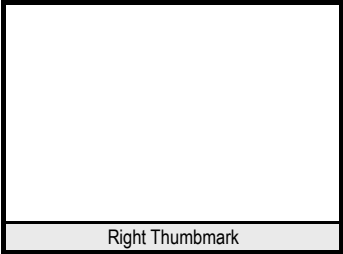


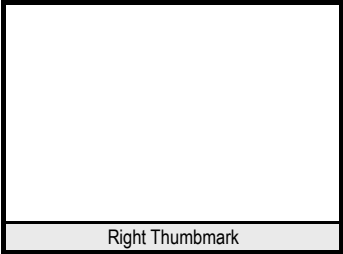
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(Continue on separate sheet if necessary)

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	SIDLAK PAGLAOM PSYCHOLOGICAL FIRST AID TRAINING
ABILITY TO WORK INDEPENDENTLY OR AS A TEAM		
ORGANIZATION SKILLS		
COMMUNICATION SKILLS		
READING BOOKS		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 20, 2022
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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)?	YES YES If YES, give details: _____	NO NO _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	YES If YES, give details: _____	NO _____												
	YES If YES, give details: Date Filed: _____ Status of Case/s: _____	NO _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	YES If YES, give details: _____	NO _____												
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?	YES If YES, give details: _____	NO _____												
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?	YES If YES, give details: _____	NO _____												
	YES If YES, give details: _____	NO _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	YES If YES, give details (country): _____	NO _____												
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?	YES If YES, please specify: _____ YES If YES, please specify ID No: _____ YES If YES, please specify ID No: _____	NO _____ NO _____ NO _____												
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>ANNIE A. PARMIS</td><td>BAYBAY CITY</td><td>N/A</td></tr><tr><td>JADE BARACHIEL D. BANTASAN</td><td>BAYBAY CITY</td><td>N/A</td></tr><tr><td></td><td></td><td></td></tr></table>			NAME	ADDRESS	TEL. NO.	ANNIE A. PARMIS	BAYBAY CITY	N/A	JADE BARACHIEL D. BANTASAN	BAYBAY CITY	N/A			
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ANNIE A. PARMIS	BAYBAY CITY	N/A												
JADE BARACHIEL D. BANTASAN	BAYBAY CITY	N/A												
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.														
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: DRIVER'S LICENSE</td></tr><tr><td>ID/License/Passport No.: H12-22-300298</td></tr><tr><td>Date/Place of Issuance: LTO BAYBAY CITY</td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: DRIVER'S LICENSE	ID/License/Passport No.: H12-22-300298	Date/Place of Issuance: LTO BAYBAY CITY	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>JULY 20,2022</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	JULY 20,2022	Date Accomplished	<table><tr><td></td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		PHOTO		Right Thumbmark
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<table><tr><td>ATTY. RYSAN C. GUINOCOR</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOR	Person Administering Oath										
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