

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	MILLEZA		
FIRST NAME	DYANA ROSE		NAME EXTENSION (JR., SR)
MIDDLE NAME	TARIPE		
3. DATE OF BIRTH (mm/dd/yyyy)	9 02 1995	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	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
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 GABAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.51	ZIP CODE	6521-A
8. WEIGHT (kg)	47		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. Street GABAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521-A
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	13-250362125-1		
13. SSS NO.	06-3907455-9	19. TELEPHONE NO.	N/A
14. TIN NO.	472-543-858	20. MOBILE NO.	09351315130
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	dyanamilleza02@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	MILLEZA			
FIRST NAME	LORENZO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GOFREDO			
25. MOTHER'S MAIDEN NAME				
SURNAME	TARIPE			
FIRST NAME	GUIA			
MIDDLE NAME	PIAMONTE		(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	GABAS CENTRAL SCHOOL		06 2001	03 2007		2007	VALEDICTORIAN
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL		06 2007	04 2011		2011	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN CHEMISTRY	1 06 2011	21 04 2015		2015	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSTY	MASTER OF SCIENCE IN SOIL SCIENCE	1 09 2020	12 08 2022		2022	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/22/2023
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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
	RA 10657		October 4-5, 2016	UC-Gym/UC-METC	0013436	9 02 2022
	Non-Professional Driver's License			Baybay City	H12-20-001065	9 02 2024

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	01/22/2023
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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)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Analysis of Water and Soil Samples	N/A	N/A
Knows how to operate some laboratory instruments such as ICP-OES, AAS, UV-Vis	N/A	N/A
Research	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/22/23
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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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____ 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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <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>	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <p style="text-align: center;">Resigned from my previous job to pursue graduate studies</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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NAME</th> <th style="width: 30%;">ADDRESS</th> <th style="width: 40%;">TEL. NO./EMAIL ADDRESS</th> </tr> </thead> <tbody> <tr> <td>Anabella B. Tulin</td> <td>VSU, Visca, Baybay City, Leyte</td> <td>anabella.tulin@vsu.edu.ph</td> </tr> <tr> <td>Deejay M. Lumanao</td> <td>VSU, Visca, Baybay City, Leyte</td> <td>deejay.maranguit@vsu.edu.ph</td> </tr> <tr> <td>Suzette B. Lina</td> <td>VSU, Visca, Baybay City, Leyte</td> <td>sblina@vsu.edu.ph</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO./EMAIL ADDRESS	Anabella B. Tulin	VSU, Visca, Baybay City, Leyte	anabella.tulin@vsu.edu.ph	Deejay M. Lumanao	VSU, Visca, Baybay City, Leyte	deejay.maranguit@vsu.edu.ph	Suzette B. Lina	VSU, Visca, Baybay City, Leyte	sblina@vsu.edu.ph
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<p>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.</p>													

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.: 0013436
Date/Place of Issuance: 12/20/2022-Renewed at PRC (Ormoc)

Signature (Sign inside the box)

01/22/2023

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