

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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.)

I. PERSONAL INFORMATION

2. SURNAME	PIDO			
FIRST NAME	MARIA SHERIN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	UTRERA			
3. DATE OF BIRTH (mm/dd/yyyy)	30/08/1987	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	HINDANG, LEYTE	If holder of dual citizenship,		
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	M.L QUEZON	
7. HEIGHT (m)	1.55	ZIP CODE	House/Block/Lot No. Street	
8. WEIGHT (kg)	56		Subdivision/Village	ZONE 17
9. BLOOD TYPE	O+		BAYBAY CITY	LEYTE
10. GSIS ID NO.	n/a		City/Municipality	Province
11. PAG-IBIG ID NO.	121208867028	18. PERMANENT ADDRESS	House/Block/Lot No. Street	
12. PHILHEALTH NO.	120505634425	ZIP CODE	Subdivision/Village	UPPER TAGBIBI
13. SSS NO.	0626420598		HINDANG	LEYTE
14. TIN NO.	711444792		City/Municipality	Province
15. AGENCY EMPLOYEE NO.	n/a		6523	
19. TELEPHONE NO.			N/A	
20. MOBILE NO.			09306340351	
21. E-MAIL ADDRESS (if any)			utramariasherin@rocketmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	PIDO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH
FIRST NAME	ELROND	NAME EXTENSION (JR., SR)	ELLA ARWEN U. PIDO	01/28
MIDDLE NAME	OLMEDO			
OCCUPATION	AREA COORDINATOR			
EMPLOYER/BUSINESS NAME	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT			
BUSINESS ADDRESS	M.J. CUENCO ST., CEBU CITY			
TELEPHONE NO.	n/a			
24. FATHER'S SURNAME	UTRERA			
FIRST NAME	EFREN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MORETE			
25. MOTHER'S MAIDEN NAME				
SURNAME	GERMO			
FIRST NAME	MINDA			
MIDDLE NAME	BANDALAN		(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
			From	To		
ELEMENTARY	HINDANG CENTRAL SCHOOL	PRIMARY EDUCATION	1995	2000		2000
SECONDARY	BUANOY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2000	2004		2004
VOCATIONAL / TRADE COURSE	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY					

COLLEGE	UNIVERSITY OF THE VISAYAS	BACHELOR OF SECONDARY EDUCATION	2013	2017		2017
GRADUATE STUDIES	CEBU TECHNOLOGICAL UNIVERSITY	MASTER OF EDUCATION	2019	2021	30	
(Continue on separate sheet if necessary)						
SIGNATURE			DATE			

concerned.

For CSC use only

ition



TH (mm/dd/yyyy)

3/2021

SCHOLARSHIP/
ACADEMIC
HONORS
RECEIVED

IV. CIVIL SERVICE ELIGIBILITY

[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.

[illegible]

(Continue on separate sheet if necessary)

<i>SIGNATURE</i>		<i>DATE</i>	
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[illegible]

[illegible]

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

[illegible]

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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>Date Filed: _____</p> <p>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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Finished Contract</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>SR JOSEPHINE D. ATIVO</td> <td>TOLEDO CITY</td> <td>4668771</td> </tr> <tr> <td>MR. ARNO MONTEMAYOR</td> <td>ALOGUINSAN, CEBU</td> <td>09264617796</td> </tr> <tr> <td>MR. ALFIE ARDILLO</td> <td>BALAMBAN, CEBU</td> <td>4678721</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	SR JOSEPHINE D. ATIVO	TOLEDO CITY	4668771	MR. ARNO MONTEMAYOR	ALOGUINSAN, CEBU	09264617796	MR. ALFIE ARDILLO	BALAMBAN, CEBU	4678721
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></td> </tr> <tr> <td style="width: 60%;">Government Issued ID:</td> <td>PRC</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>1652504</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>ORMOC CITY</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>		Government Issued ID:	PRC	ID/License/Passport No.:	1652504	Date/Place of Issuance:	ORMOC CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; vertical-align: bottom;">Signature (Sign inside the box)</td> </tr> <tr> <td style="height: 20px; vertical-align: bottom;">Date Accomplished</td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished		
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;"> Person Administering Oath </div>													