

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	BIGCAL		
FIRST NAME	MARINELYN		NAME EXTENSION (JR., SR)
MIDDLE NAME	VALENZONA		
3. DATE OF BIRTH (mm/dd/yyyy)	06-30-1993	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	MAYDAY CITY	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 type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s: COMMON LAW	17. RESIDENTIAL ADDRESS	ST. JOSEPH
7. HEIGHT (m)	153	4521 ZIP CODE	Street
8. WEIGHT (kg)	75		House/Block/Lot No.
9. BLOOD TYPE			Subdivision/Village
10. GSIS ID NO.			MAYDAY
11. PAG-IBIG ID NO.			Barangay
12. PHILHEALTH NO.	13-2029577-08-21		LEYTE
13. SSS NO.			Province
14. TIN NO.	677-581-402-00000	18. PERMANENT ADDRESS	ST. JOSEPH
15. AGENCY EMPLOYEE NO.			Street
			House/Block/Lot No.
			Subdivision/Village
			MAYDAY
			Barangay
			LEYTE
			Province
19. TELEPHONE NO.		20. MOBILE NO.	0948589443
21. E-MAIL ADDRESS (if any)	marinebigcal93@gmail.com		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	MICHEL ANN D. DELA CERNA	11-21-2010
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	BIGCAL			
FIRST NAME	VALENTIN			
MIDDLE NAME	PASOHL			
25. MOTHER'S MAIDEN NAME				
SURNAME	VALENZONA			
FIRST NAME	THELMA			
MIDDLE NAME	MENDEZ			

(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	MAYTAG ELEM. SCHOOL	ELEM. GRADUATE	2000	2006		2006	3rd Honor
SECONDARY	MAYTAG NATIONAL HIGH SCHOOL	HIGH SCHOOL GRADUATE	2004	2010		2010	NONE
VOCATIONAL / TRADE COURSE	NONE	NONE	NONE	NONE		NONE	NONE
COLLEGE	VISayas State University	COLLEGE GRADUATE	2010	2023		2023	NONE
GRADUATE STUDIES		MSA - MAJOR HIST.					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10-04-25
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[illegible]

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

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[illegible]

SIGNATURE	<i>Xmas</i>	DATE	10-04-25
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[illegible]

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

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

10-04-25

<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 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 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>MIRNA M. ALBUERA</td> <td>MRG. MASULUG</td> <td>0961961113</td> </tr> <tr> <td>ENG. RAJ S. OLAZO</td> <td>MRG. BUBON</td> <td>0912005888</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	MIRNA M. ALBUERA	MRG. MASULUG	0961961113	ENG. RAJ S. OLAZO	MRG. BUBON	0912005888			
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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 style="padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td style="padding: 2px;">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td style="padding: 2px;">Government Issued ID: <u>POSTAL ID</u></td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.: <u>505250021613 P</u></td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance: <u>JAN 24 2024 / Birmoc City</u></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: <u>POSTAL ID</u>	ID/License/Passport No.: <u>505250021613 P</u>	Date/Place of Issuance: <u>JAN 24 2024 / Birmoc City</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 80px; text-align: center; vertical-align: middle;"> Signature (Sign inside the box) <u>10-04-25</u> Date Accomplished </td> <td style="width: 100px; text-align: center; vertical-align: middle;"> Right Thumbmark </td> </tr> </table>	 Signature (Sign inside the box) <u>10-04-25</u> Date Accomplished	 Right Thumbmark					
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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: 300px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;"> Person Administering Oath </div>													