

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	LINA		
FIRST NAME	KIM BRIAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MELECIO		
3. DATE OF BIRTH (mm/dd/yyyy)	04/05/1999	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	HILONGOS, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	SITIO PULTA House/Block/Lot No. Street SANTA MARGARITA Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	6524
8. WEIGHT (kg)	53		
9. BLOOD TYPE	UNKNOWN	18. PERMANENT ADDRESS	SITIO PULTA House/Block/Lot No. Street SANTA MARGARITA Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6524
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	19. TELEPHONE NO.	N/A
13. SSS NO.	N/A	20. MOBILE NO.	09651652804
14. TIN NO.	N/A	21. E-MAIL ADDRESS (if any)	linakimbrian@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)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	LINA			
FIRST NAME	ISIDRO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MELECIO			
25. MOTHER'S MAIDEN NAME	ERLINDA CAPILI MELECIO			
SURNAME	LINA			
FIRST NAME	ERLINDA			
MIDDLE NAME	MELECIO		(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	STA. MARGARITA ELEMENTARY SCHOOL		2006	2012		2012	WITH HONORS
SECONDARY	STA. MARGARITA NATIONAL HIGH SCHOOL		2012	2016		2016	WITH HONORS
VOCATIONAL / TRADE COURSE	STA. MARGARITA NATIONAL HIGH SCHOOL	GENERAL ACADEMIC STRAND	2016	2018		2018	WITH HONORS
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	2018	2022		2022	CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	09/17/2022
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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)

SIGNATURE	<i>K. Ramfiza</i>	DATE	09/17/2022
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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	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Playing Volleyball			
	Playing Chess			

(Continue on separate sheet if necessary)

SIGNATURE	<i>K. Bonafide</i>	DATE	09/17/2022
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: _____ Status of Case/s: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____												
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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Jay C. Bansale</td> <td>DTE</td> <td></td> </tr> <tr> <td>Joel Q. Mabalhin</td> <td>DTE</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Jay C. Bansale	DTE		Joel Q. Mabalhin	DTE				
NAME	ADDRESS	TEL. NO.											
Jay C. Bansale	DTE												
Joel Q. Mabalhin	DTE												
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.													
<div style="border: 1px solid black; padding: 2px;"> Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance <hr/> Government Issued ID: NATIONAL ID <hr/> ID/License/Passport No.: 4109-5872-8497-1294 <hr/> Date/Place of Issuance: March 20, 2022 (Hilongos, Leyte) </div>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <hr/> Signature (Sign inside the box) <small>09/17/2022</small> <hr/> Date Accomplished </div> <div style="border: 1px solid black; padding: 10px; margin-top: 10px; text-align: center;"> Right Thumbmark </div>												
<div style="border: 1px solid black; padding: 10px; text-align: center;"> ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable PHOTO </div>													
SUBSCRIBED AND SWORN to before me this 17 th day of September _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div style="border: 1px solid black; width: 300px; height: 100px; margin: 0 auto; position: relative;"> <div style="position: absolute; bottom: 5px; width: 100%; text-align: center;"> Person Administering Oath </div> </div>													

