

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	MAYOL		
FIRST NAME	BRYAN JAMES	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LUMAPAS		
3. DATE OF BIRTH (mm/dd/yyyy)	06/25/1997	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	ORMOC CITY	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:		
7. HEIGHT (m)	1.80	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street st.scholastica plains Dayhagan Subdivision/Village Barangay ormoc city leyte City/Municipality Province
8. WEIGHT (kg)	100	ZIP CODE	
9. BLOOD TYPE		18. PERMANENT ADDRESS	House/Block/Lot No. Street st. scholastica plains Dayhagan Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6541
11. PAG-IBIG ID NO.	23-0080	19. TELEPHONE NO.	
12. PHILHEALTH NO.		20. MOBILE NO.	09267007141
13. SSS NO.	06-4653106-9	21. E-MAIL ADDRESS (if any)	mayol.bryanjamesl@gmail.com
14. TIN NO.	626-464-486		
15. AGENCY EMPLOYEE NO.			

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			
FIRST NAME	NAME EXTENSION (JR., SR)		
MIDDLE NAME			
25. MOTHER'S MAIDEN NAME			
SURNAME	MAYOL		
FIRST NAME	MARY JANE		
MIDDLE NAME	LUMAPAS	(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	COGON CENTRAL SCHOOL		2005	2011		2011	CLASS VALEDICTORIAN
SECONDARY			2011	2015		2015	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE							
COLLEGE			2015	2022		2022	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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.

28	INCLUSIVE DATES				SALARY/ JOB/ PAY		
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[illegible]

(Continue on separate sheet if necessary)

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

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

[illegible]

VIII. OTHER INFORMATION

[illegible]

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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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 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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.									
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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.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></td> </tr> <tr> <td style="padding: 2px;">Government Issued ID: _____</td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.: _____</td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance: _____</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: _____	ID/License/Passport No.: _____	Date/Place of Issuance: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; vertical-align: bottom; padding: 5px;"> <div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50%; transform: translateX(-50%);">Signature (Sign inside the box)</div> <div style="position: absolute; bottom: 5px; right: 50%; transform: translateX(50%);">Date Accomplished</div> </div> </td> </tr> </table>	<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50%; transform: translateX(-50%);">Signature (Sign inside the box)</div> <div style="position: absolute; bottom: 5px; right: 50%; transform: translateX(50%);">Date Accomplished</div> </div>							
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<div style="border: 1px solid black; width: 100%; height: 100px; position: relative;"> <div style="position: absolute; top: 10px; left: 10px; font-size: 0.8em;"> ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size) </div> <div style="position: absolute; top: 60px; left: 10px; font-size: 0.8em;"> Computer generated or photocopied picture is not acceptable </div> <div style="position: absolute; bottom: 10px; right: 10px; text-align: center;">PHOTO</div> </div>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 100px; vertical-align: bottom; padding: 5px;"> <div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50%; transform: translateX(-50%);">Person Administering Oath</div> </div> </td> <td style="width: 40%; height: 100px; vertical-align: bottom; padding: 5px;"> <div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; bottom: 5px; right: 50%; transform: translateX(50%);">Right Thumbmark</div> </div> </td> </tr> </table>		<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50%; transform: translateX(-50%);">Person Administering Oath</div> </div>	<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; bottom: 5px; right: 50%; transform: translateX(50%);">Right Thumbmark</div> </div>										
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p>													