

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	AQUINO				
FIRST NAME	ANA MAE		N/A		
MIDDLE NAME	WALES				
3. DATE OF BIRTH (mm/dd/yyyy)	20/11/1994	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	MERCEDES, SILAGO, SOUTHERN LEYTE	If holder of dual citizenship, please indicate the details.	Philippines		
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:				
7. HEIGHT (m)	1.52	17. RESIDENTIAL ADDRESS	LIBATON COLLEGE HOME		
8. WEIGHT (kg)	45		House/Block/Lot No.	Street	
9. BLOOD TYPE	"O"			GUADALUPE	
10. GSIS ID NO.	N/A		Subdivision/Village	Barangay	
11. PAG-IBIG ID NO.	N/A			BAYBAY CITY LEYTE	
12. PHILHEALTH NO.	N/A	18. PERMANENT ADDRESS	City/Municipality	Province	
13. SSS NO.	N/A		ZIP CODE	6521	
14. TIN NO.	713-540-843		19. TELEPHONE NO.	PUROK IV	
15. AGENCY EMPLOYEE NO.	N/A			House/Block/Lot No.	Street
					MERCEDES
		Subdivision/Village		Barangay	
				SILAGO SOUTHERN LEYTE	
		City/Municipality	Province		
		ZIP CODE	6607		
		20. MOBILE NO.	09510348046		
		21. E-MAIL ADDRESS (if any)	meiwaquino@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	N/A	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	AQUINO			
FIRST NAME	ANTONIO	N/A		
MIDDLE NAME	RUIZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	WALES			
FIRST NAME	YONE			
MIDDLE NAME	MAKILING		(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	AWAYON ELEMENTARY SCHOOL	PRIMARY EDUCATION	2001	2007	N/A	2007	VALEDICTORIAN
SECONDARY	MERCEDES NATIONAL HIGH SCHOOL	HIGH SCHOOL	2007	2011	N/A	2011	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	ARTECHE NATIONAL AGRICULTURAL SCHOOL	ORGANIC AGRICULTURE PRODUCTION NC II	03/06/17	03/10/17	N/A	2017	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRICULTURAL ENGINEERING	2011	2016	N/A	2016	CHED FULL MERIT
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS SOIL SCIENCE	2019	PRESENT (for residency)	N/A	N/A	DOST- ASTHRDP

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 27, 2021
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

**(Continue on separate sheet if necessary)**

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

[illegible]

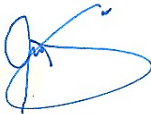
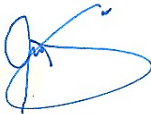
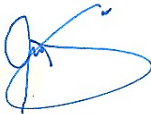

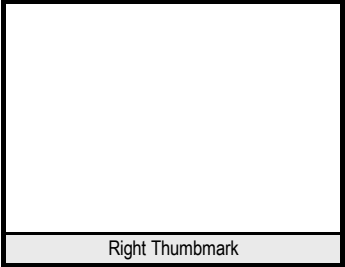

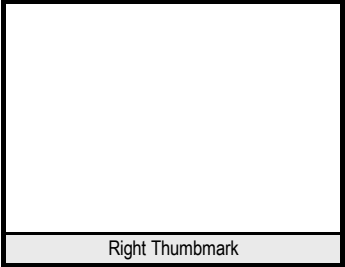

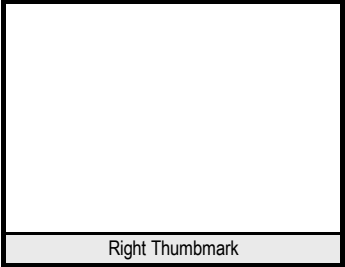



(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

[illegible]

*(Continue on separate sheet if necessary)*

<b>SIGNATURE</b>		<b>DATE</b>	August 27, 2021
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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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: N/A</div>												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: N/A</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: N/A Status of Case/s: N/A</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: N/A</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: </div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: N/A</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: N/A</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): N/A</div>												
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:  a. Are you a member of any indigenous group?  b. Are you a person with disability?  c. Are you a solo parent?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: N/A</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: N/A</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: N/A</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>DR. ROBERTO C. GUARTE</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>0917 310 8078</td></tr><tr><td>DR. DANIEL LESLIE S. TAN</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>0919 593 4633</td></tr><tr><td>DR. BEATRIZ C. JADINA</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>0917 420 4416</td></tr></table>		NAME	ADDRESS	TEL. NO.	DR. ROBERTO C. GUARTE	VISCA, BAYBAY CITY, LEYTE	0917 310 8078	DR. DANIEL LESLIE S. TAN	VISCA, BAYBAY CITY, LEYTE	0919 593 4633	DR. BEATRIZ C. JADINA	VISCA, BAYBAY CITY, LEYTE	0917 420 4416
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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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PRC</td></tr><tr><td>ID/License/Passport No.: 0008610</td></tr><tr><td>Date/Place of Issuance: 09/29/2016/ MANILA</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: PRC	ID/License/Passport No.: 0008610	Date/Place of Issuance: 09/29/2016/ MANILA	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>08/27/2021</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	08/27/2021	Date Accomplished				
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
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