

# 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)

<b>I. PERSONAL INFORMATION</b>			
2. SURNAME	Esmeño		
FIRST NAME	Genevive	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Bercero		
3. DATE OF BIRTH (mm/dd/yyyy)	01/03/1989	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	Brgy. Telegrafo, Tolosa, Leyte	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 checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Provincial Road Street Telegrafo Barangay Tolosa City/Municipality Province
7. HEIGHT (m)	5'	ZIP CODE	6503
8. WEIGHT (kg)	45 kgs	18. PERMANENT ADDRESS	Provincial Road Street Telegrafo Barangay Tolosa City/Municipality Province
9. BLOOD TYPE	A+	ZIP CODE	6503
10. GSIS ID NO.	None	19. TELEPHONE NO.	
11. PAG-IBIG ID NO.	1210-9720-7735	20. MOBILE NO.	09366877929
12. PHILHEALTH NO.	13-025133903-2	21. E-MAIL ADDRESS (if any)	geneviveesmeno@gmail.com
13. SSS NO.	06-3230712-6		
14. TIN NO.	419-542-924-000		
15. AGENCY EMPLOYEE NO.			

<b>II. FAMILY BACKGROUND</b>			
22. SPOUSE'S SURNAME	Esmeño	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Ariel	Argen James B. Esmeño	02/15/2010
MIDDLE NAME	Mesias	Alan James B. Esmeño	09/17/2011
OCCUPATION	None	Lara James B. Esmeño	04/14/2019
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	Bercero		
FIRST NAME	Roy	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Melo		
25. MOTHER'S MAIDEN NAME			
SURNAME	Uy		
FIRST NAME	Elizabeth		
MIDDLE NAME	Benjamin		

<b>III. EDUCATIONAL BACKGROUND</b>							
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	Telegrafo Elementary School					2001	
SECONDARY	Tolosa National High School					2005	
VOCATIONAL / TRADE COURSE							
COLLEGE	Colégio de Sta Lourdes of Leyte Foundation, Inc.	Bachelor of Science in Nursing				2009	
GRADUATE STUDIES							

SIGNATURE		DATE	
		May 24, 2022	








[illegible]

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Training Program	
2. Duration of the Program	
3. Location of the Program	
4. Name of the Training Provider	
5. Description of the Program	
6. Date of Completion	
7. Name of the Participant	
8. Designation of the Participant	
9. Name of the Supervisor	
10. Date of Submission	

[illegible]

VIII. OTHER INFORMATION

III. OTHER INFORMATION		
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Use of Microsoft office		
Use of Google Sheets		
Communication Skills		

(Continue on separate sheet if necessary)			
<b>SIGNATURE</b>		<b>DATE</b>	05/24/2022

05/24/2022



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)?

☐ YES ☒ NO  
☐ YES ☒ 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?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_  
☐ YES ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ 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 items:  
a. Are you a member of any indigenous group?  
b. Are you a person with disability?  
c. Are you a solo parent?

☐ YES ☒ NO  
If YES, please specify: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
Dr. Marc Steven D. Capungcol	Dulag, Leyte	9266130148
Dr. Vincent R. Bautista	Tacloban City, Leyte	9065878689
Jennifer Malbas	Palo, Leyte	9363915795

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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **SSS UMID**

ID/License/Passport No.: **06-32307126**

Date/Place of Issuance: **Makati, Metro Manila**

Signature (Sign inside the box)

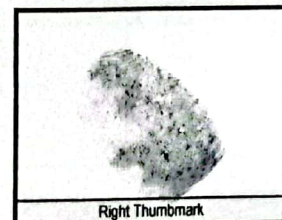


05/25/2022

Date Accomplished



PHOTO



Right Thumbmark

SUBSCRIBED AND SWORN to before me this

PAGE NO. 30  
BOOK NO. 97  
SERIES OF 24

**ATTY. EDMAR L. LINA**  
**NOTARY PUBLIC UNTIL DEC. 31, 2022**  
PTR No. 8100559  
ROLL No. 35354  
IDP No. 439705  
**PERSON ADMINISTERING OATH**

**NC No. 2021-05-62**  
**TIN No. 182-808-520-000**