

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	SIAREZ		
FIRST NAME	JOE		NAME EXTENSION (JR., SR)
MIDDLE NAME			
3. DATE OF BIRTH (mm/dd/yyyy)	10/25/1976	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	CEBU 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	APARTMENT 41 KILBOURNE DRIVE House/Block/Lot No. Street VSU PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.5000	ZIP CODE	
8. WEIGHT (kg)	82		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	APARTMENT 41 KILBOURNE DRIVE House/Block/Lot No. Street VSU PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	NONE	ZIP CODE	
11. PAG-IBIG ID NO.	1211-8025-6219		
12. PHILHEALTH NO.			
13. SSS NO.		19. TELEPHONE NO.	
14. TIN NO.	479-945-703	20. MOBILE NO.	0923-4576168
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	siarez.joe76@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SIAREZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MILDRED	NAME EXTENSION (JR., SR)	SHAWN KYLE MORALDE	06/01/2002
MIDDLE NAME	MERGAL		ANTOINETTE JOSEPHINE M. SIAREZ	09/01/2008
OCCUPATION	TEACHER		RAYNE NINA KIRSTEN M. SIAREZ	01/29/2010
EMPLOYER/BUSINESS NAME	VSU		FRANCES MARIAN M. SIAREZ	03/18/2013
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.				
24. FATHER'S SURNAME	MORALDE			
FIRST NAME	JOSE PABLO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BATTUNG			
25. MOTHER'S MAIDEN NAME				
SURNAME	SIAREZ			
FIRST NAME	ANTONIA			
MIDDLE NAME	LABAO		(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	UNIVERSITY OF SAN CARLOS-GIRLS HIGH		06/01/1984	03/30/1991		1991	
SECONDARY	ALTERNATIVE LEARNING SYSTEM		06/01/2010	03/25/2011		2011	
VOCATIONAL / TRADE COURSE	TESDA	NCII-DRIVING, NCII ANIMAL PRODUCTION (RUMINANT)	04/11/2023	06/28/2023		2023	
COLLEGE	VISAYAS STATE UNIVERSITY		06/03/2017	10/25/2021		2021	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 11, 2024
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IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	DRIVER'S LICENSE			BAYBAY CITY, LEYTE	H12-16-000539	25/10/2028
	BARANGAY ELIGIBILITY		2016-2023	BARANGAY PANGASUGAN, BAYBAY CITY, LEYTE		

(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		DATE		January 11, 2024
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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			
	KNIGHTS OF COLUMBUS- MT. PANGASUGAN COUNCIL 7507	10/10/2015	PRESENT		4TH DEGREE	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ANIMAL PRODUCTION (RUMINANT) NCII	06/28/2023	08/11/2023	336 HRS.	TECHNICAL	TESDA/GOLDFARM
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	DRIVING		NCII DRIVING			
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	January 11, 2024	

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)?	<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 items: 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)		
NAME	ADDRESS	TEL. NO.
EUSEBIO OLLERAS	MIRABEL HOMES, GABAS, BAYBAY CITY, LEYTE	
ANTONIO MANAGBANAG	PANGASUGAN, BAYBAY CITY, LEYTE	
ERICK BALES	PANGASUGAN, BAYBAY CITY, LEYTE	
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: ID/License/Passport No.: Date/Place of Issuance:	Signature (Sign inside the box) Date Accomplished	<div style="border: 1px solid black; padding: 10px; text-align: center; margin-bottom: 10px;"> ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size) Computer generated or photocopied picture is not acceptable </div> <div style="text-align: center; margin-bottom: 10px;">PHOTO</div> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="text-align: center;">Right Thumbmark</div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div style="border: 1px solid black; width: 250px; height: 60px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 250px; height: 20px; margin: 0 auto; text-align: center;">Person Administering Oath</div>		