

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	ARTIGAS		
FIRST NAME	ARVIC	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BUMAGAT		
3. DATE OF BIRTH (mm/dd/yyyy)	10/04/1997	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	PALOMPON, LEYTE	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
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)	1.7	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street
8. WEIGHT (kg)	65		Subdivision/Village Barangay
9. BLOOD TYPE	O+		PALOMPON LEYTE
10. GSIS ID NO.	N/A		City/Municipality Province
11. PAG-IBIG ID NO.	121215441536	ZIP CODE	6538
12. PHILHEALTH NO.	1302-5492-8810	18. PERMANENT ADDRESS	House/Block/Lot No. Street
13. SSS NO.	06-4063762-6		Subdivision/Village Barangay
14. TIN NO.	N/A		PALOMPON LEYTE
15. AGENCY EMPLOYEE NO.	N/A		City/Municipality Province
19. TELEPHONE NO.	N/A		
20. MOBILE NO.	0920-485-3956		
21. E-MAIL ADDRESS (if any)	arvicartigas@yahoo.com / arvicartigas@gmail.com		

II. FAMILY BACKGROUND



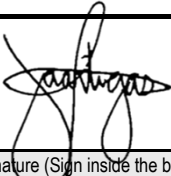
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ARTIGAS			
FIRST NAME	JESSIE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BARRO			
25. MOTHER'S MAIDEN NAME				
SURNAME	BUMAGAT			
FIRST NAME	JOCELYN			
MIDDLE NAME	ALMOROTO		(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	CANTUHAON ELEMENTARY SCHOOL	N/A	2003	2009		2009	WITH HONORS
SECONDARY	CANTUHAON NATIONAL HIGH SCHOOL	N/A	2009	2013		2013	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY - ISABEL	BACHELOR OF SCIENCE IN AGRIBUSINESS	2013	2017		2017	Dean's Lister (Summer)
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 8, 2024
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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: _____</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: _____</div> <div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></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: _____</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 checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: FINISHED CONTRACT (PUBLIC SECTOR)</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: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</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): _____</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: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</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>ECEL A. SILVANO</td><td>SIMANGAN, ISABEL, LEYTE</td><td>0967-849-8028</td></tr><tr><td>MICHELLE P. DE LOS REYES</td><td>CANTUHAON, PALOMPON, LEYTE</td><td>0908-197-2339</td></tr><tr><td>JOERYNE P. PEREZ</td><td>BUENAVISTA, PALOMPON, LEYTE</td><td>0935-621-6817</td></tr></table>			NAME	ADDRESS	TEL. NO.	ECEL A. SILVANO	SIMANGAN, ISABEL, LEYTE	0967-849-8028	MICHELLE P. DE LOS REYES	CANTUHAON, PALOMPON, LEYTE	0908-197-2339	JOERYNE P. PEREZ	BUENAVISTA, PALOMPON, LEYTE	0935-621-6817
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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.		<div><div>ARVIC B. ARTIGAS</div>PHOTO</div> <div><div>Right Thumbmark</div></div>												
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: NATIONAL ID</div> <div>ID/License/Passport No.: 3850-4396-8403-6201</div> <div>Date/Place of Issuance: Sept. 1, 2022/MANILA CITY</div>	<div><div>Signature (Sign inside the box)</div><div>July 8, 2024</div><div>Date Accomplished</div></div>													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div></div> <div>Person Administering Oath</div>														