

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	MARINAY		
FIRST NAME	ALBERTO	NAME EXTENSION (JR., SR)	SR.
MIDDLE NAME	SABUCIDO		
3. DATE OF BIRTH (mm/dd/yyyy)	7/4/1968	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	BAYBAY LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
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:		
7. HEIGHT (m)	1.65	17. RESIDENTIAL ADDRESS	ST FRANCIS VILLAGE
8. WEIGHT (kg)	62	ZIP CODE	House/Block/Lot No. Street
9. BLOOD TYPE	AB		BRGY. GA-AS
10. GSIS ID NO.	n/a		Subdivision/Village Barangay
11. PAG-IBIG ID NO.	170000127813		BAYBAY LEYTE
12. PHILHEALTH NO.	13-050003616-9		City/Municipality Province
13. SSS NO.	0611996121	18. PERMANENT ADDRESS	ST FRANCIS VILLAGE
14. TIN NO.	104-744-653	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	N/A		BRGY. GA-AS
			Subdivision/Village Barangay
			BAYBAY LEYTE
			City/Municipality Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09071151306
		21. E-MAIL ADDRESS (if any)	marinayalberto635@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MARINAY		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARIA FE	NAME EXTENSION (JR., SR)	ALBERTO E. MARINAY JR.	09/18/1994
MIDDLE NAME	EVANGELISTA		ALVIE MAE E. MARINAY	08/29/1996
OCCUPATION	HOUSEWIFE		ALFE MAE ANN E. MARINAY	4/5/1998
EMPLOYER/BUSINESS NAME	N/A		AIMAE E. MARINAY	09/18/1999
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	09268161242			
24. FATHER'S SURNAME	MARINAY (deceased)			
FIRST NAME	MARTIN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ESTENDER			
25. MOTHER'S MAIDEN NAME	PRESCILA TUTOR SABUCIDO			
SURNAME	MARINAY			
FIRST NAME	PRESCILA			
MIDDLE NAME	SABUCIDO		(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	PLARIDEL ELEMENTARY SCHOOL	GRADE 1 - GRADE 6	1977	1984	N/A	1984	N/A
SECONDARY	PLARIDEL ELEMENTARY SCHOOL	FIRST YEAR HIGH SCHOOL - 4TH YEAR HIGH SCHOOL	1984	1988	N/A	1988	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	SECRETARIAL COURSE	1988	1989	2ND YR COLLEGE	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

[illegible]

(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

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	BOOK BINDING		N/A		N/A
	BOOK COVER LETTERING				
	PLAYING CHESS				

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	
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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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</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: RETIREMENT _____</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></td><td>TEL. NO.</td></tr><tr><td>SISTER M. LOUISE BACALLA, OSF</td><td>FRANCISCAN COLLEGE IMMACULATE CONCEPTION</td><td>09268042240 OR 09283616304</td></tr><tr><td>SISTER M. CLARISA TORCINO, OSF</td><td>FRANCISCAN COLLEGE IMMACULATE CONCEPTION</td><td>09352176585</td></tr><tr><td>SISTER M. EMILIE IGANO, OSF</td><td>FRANCISCAN COLLEGE IMMACULATE CONCEPTION</td><td>09105628529</td></tr></table>		NAME		TEL. NO.	SISTER M. LOUISE BACALLA, OSF	FRANCISCAN COLLEGE IMMACULATE CONCEPTION	09268042240 OR 09283616304	SISTER M. CLARISA TORCINO, OSF	FRANCISCAN COLLEGE IMMACULATE CONCEPTION	09352176585	SISTER M. EMILIE IGANO, OSF	FRANCISCAN COLLEGE IMMACULATE CONCEPTION	09105628529
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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: DRIVER'S LICENSE</td></tr><tr><td>ID/License/Passport No.: H03-05-000108</td></tr><tr><td>Date/Place of Issuance: 3/08/2024-LTO BAYBAY CITY</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: DRIVER'S LICENSE	ID/License/Passport No.: H03-05-000108	Date/Place of Issuance: 3/08/2024-LTO BAYBAY CITY	<table><tr><td><div><div></div><div>Signature (Sign inside the box)</div></div><div>Date Accomplished</div></td><td><div><div>ALBERTO S. MARINAY</div></div><div><div></div><div>Right Thumbmark</div></div></td></tr></table>	<div><div></div><div>Signature (Sign inside the box)</div></div> <div>Date Accomplished</div>	<div><div>ALBERTO S. MARINAY</div></div> <div><div></div><div>Right Thumbmark</div></div>						
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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>													