

## PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet shall cause the filing of administrative/criminal cases 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. (Do not fill up for CSC use only)

## I. PERSONAL INFORMATION

|                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. SURNAME<br>MALAQUE                                                                                                                                                                                   |  | 16. CITIZENSHIP<br><input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br>If holder of dual citizenship, please indicate the details:<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>P/s. Indicate country. |  |
| 3. DATE OF BIRTH<br>(mm/dd/yyyy)<br>02/16/1989                                                                                                                                                          |  | 17. RESIDENTIAL ADDRESS<br>00027<br>HouseBlock & No.<br>N/A<br>Subdivision/Village<br>BAYBAY CITY<br>Cayamunicipality<br>6521<br>Purok 3<br>Street<br>MASLUG<br>Burguay<br>LEYTE<br>Province                                                                                       |  |
| 4. PLACE OF BIRTH<br>MASLUG, BAYBAY CITY, LEYTE                                                                                                                                                         |  | 18. PERMANENT ADDRESS<br>00027<br>HouseBlock & No.<br>N/A<br>Subdivision/Village<br>BAYBAY CITY<br>Cayamunicipality<br>6521<br>Purok 3<br>Street<br>MASLUG<br>Burguay<br>LEYTE<br>Province                                                                                         |  |
| 5. SEX<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                      |  | 19. TELEPHONE NO.<br>0951-530-944-000                                                                                                                                                                                                                                              |  |
| 6. CIVIL STATUS<br><input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: |  | 20. MOBILE NO.<br>0951-530-944-000                                                                                                                                                                                                                                                 |  |
| 7. HEIGHT (m)<br>1.63                                                                                                                                                                                   |  | 21. E-MAIL ADDRESS (if any)<br>ihonmichael.malague@gmail.com                                                                                                                                                                                                                       |  |
| 8. WEIGHT (kg)<br>57                                                                                                                                                                                    |  | 22. AGENCY EMPLOYEE NO.<br>N/A                                                                                                                                                                                                                                                     |  |
| 9. BLOOD TYPE                                                                                                                                                                                           |  | 23. NAME OF CHILDREN (Write full name and sex all)                                                                                                                                                                                                                                 |  |
| 10. CENS ID NO.                                                                                                                                                                                         |  | DATE OF BIRTH (mm/dd/yyyy)                                                                                                                                                                                                                                                         |  |
| 11. PAGIBIG ID NO.<br>121339872183                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                    |  |
| 12. PHILHEALTH NO.<br>13-290381452-2                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                    |  |
| 13. SSS NO.<br>06-4805410-4                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                    |  |
| 14. TIN NO.<br>751-530-944-000                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                    |  |

## II. FAMILY BACKGROUND

|                                                                                                                               |  |                                                    |  |                            |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|----------------------------|--|
| 22. SPOUSES SURNAME<br>FIRST NAME<br>MIDDLE NAME<br>OCCUPATION<br>EMPLOYER/BUSINESS NAME<br>BUSINESS ADDRESS<br>TELEPHONE NO. |  | 23. NAME OF CHILDREN (Write full name and sex all) |  | DATE OF BIRTH (mm/dd/yyyy) |  |
| N/A                                                                                                                           |  | N/A                                                |  |                            |  |
| 24. FATHER'S SURNAME<br>FIRST NAME<br>MIDDLE NAME<br>SURNAME<br>FIRST NAME<br>MIDDLE NAME                                     |  | 25. MOTHER'S SURNAME<br>FIRST NAME<br>MIDDLE NAME  |  |                            |  |
| MALAQUE<br>CRISPULO<br>GUY-AB<br>HELEN<br>PELICANO                                                                            |  | GUY-AB<br>HELEN<br>PELICANO                        |  |                            |  |

## III. EDUCATIONAL BACKGROUND

|                           |                                             |                                                      |                                 |                                                   |                |                               |
|---------------------------|---------------------------------------------|------------------------------------------------------|---------------------------------|---------------------------------------------------|----------------|-------------------------------|
| 26. LEVEL                 | NAME OF SCHOOL<br>(Write in full)           | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full)     | PERIOD OF ATTENDANCE<br>From To | HIGHEST LEVEL/ UNITS EARNED<br>(if not graduated) | YEAR GRADUATED | SCHOLARSHIP ACADEMIC RECEIVED |
| ELEMENTARY                | SILANGON ELEMENTARY SCHOOL                  | ELEMENTARY EDUCATION                                 | 6/12/2008 4/15/2012             | N/A                                               | 2012           | N/A                           |
| SECONDARY                 | DR. ARCADIO SANTOS NATIONAL HIGH SCHOOL     | HIGH SCHOOL EDUCATION                                | 6/4/2012 4/4/2016               | N/A                                               | 2016           | N/A                           |
| VOCATIONAL / TRADE COURSE | TECHNOLOGICAL UNIVERSITY OF THE PHILIPPINES | SENIOR HIGH SCHOOL MATHEMATICS                       | 6/5/2016 5/15/2018              | N/A                                               | 2018           | N/A                           |
| COLLEGE                   | VISAYAS STATE UNIVERSITY                    | BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS | 8/18/2018 8/12/2022             | N/A                                               | 2022           | N/A                           |
| GRADUATE STUDIES          | N/A                                         | N/A                                                  | N/A                             | N/A                                               | N/A            | N/A                           |

SIGNATURE

DATE

DATE

DATE

DATE

[illegible]

Continue on separate sheet if necessary)

*Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

**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 | 25/05/25 |
|-----------|-------------------------------------------------------------------------------------|------|----------|

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[illegible]

**VII. LEARNING AND DEVELOPMENT / 3-D INTERVENTION TRAINING PROGRAMS ATTENDED**

[illegible]

## VIII- OTHER INFORMATION

[illegible]

