

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	CABALLERO			
FIRST NAME	MARIBEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LAPARA			
3. DATE OF BIRTH (mm/dd/yyyy)	11/22/1999	16. CITIZENSHIP	<div><input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship</div> <div><input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization</div> <div>Pls. indicate country:</div> <div></div>	
4. PLACE OF BIRTH	BAYBAY HOSPITAL	If holder of dual citizenship, please indicate the details.		
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
6 CIVIL STATUS	<div><input checked="" type="checkbox"/> Single <input type="checkbox"/> Married</div> <div><input type="checkbox"/> Widowed <input type="checkbox"/> Separated</div> <div><input type="checkbox"/> Other/s:</div>			
7. HEIGHT (m)	1.5	17. RESIDENTIAL ADDRESS	<div>House/Block/Lot No. Street</div> <div>PANGASUGAN</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY LEYTE</div> <div>City/Municipality Province</div>	
8. WEIGHT (kg)	53		ZIP CODE	
9. BLOOD TYPE	N/A		18. PERMANENT ADDRESS	<div>House/Block/Lot No. Street</div> <div>PANGASUGAN</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY LEYTE</div> <div>City/Municipality Province</div>
10. GSIS ID NO.	N/A			ZIP CODE
11. PAG-IBIG ID NO.	1213-1013-2218			
12. PHILHEALTH NO.	13-202845625-9			
13. SSS NO.	N/A	19. TELEPHONE NO.		N/A
14. TIN NO.	619-706-686-000	20. MOBILE NO.	09465293071	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	caballeromaribel789@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	CABALLERO			
FIRST NAME	JAIME	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ABANAG			
25. MOTHER'S MAIDEN NAME				
SURNAME	LAPARA			
FIRST NAME	MA. VILLA			
MIDDLE NAME	GUMBA		(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	PANGASUGAN ELEM. SCHOOL		2006	2012		2012	CONSISTENT HONOR
JUNIOR HIGH	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL		2012	2016		2016	N/A
SENIOR HIGH	VISAYAS STATE UNIVERSITY SENIOR HIGH SCHOOL UNIT		2016	2018		2018	N/A
COLLEGE	VISAYAS STATE UNIIVERSITY - MAIN CAMPUS	BACHELOR OF SCIENCE IN AGRIBUSINESS	2018	2022		2022	CUM LAUDE
GRADUATE STUDIES	COLLEGE OF MAASIN	MASTERS OF PUBLIC ADMINISTRATION	2023	PRESENT	9 units		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MAY 08, 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><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 type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</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)		
NAME	ADDRESS	TEL. NO.
NICK FREDDY R. BELLO	VISCA, BAYBAY CITY, LEYTE	
LOUELLA C. AMPAC	VISCA, BAYBAY CITY, LEYTE	

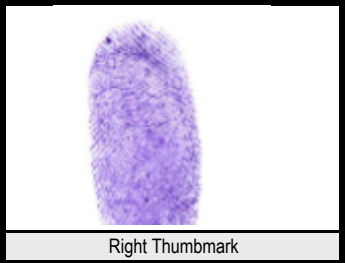
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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.



PHOTO

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	PHILHEALTH ID
ID/License/Passport No.:	13-202845625-9
Date/Place of Issuance:	BAYBAY CITY, LEYTE

<div></div>
Signature (Sign inside the box)
MAY 8, 2024
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath