34.	Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Cartesian Constant Const	☐ YES ☑ NC			
		If YES, give details:			
35.	a. Have you ever been found guilty of any administrative offense?		☐ YES ☑ NO If YES, give details:		
	b. Have you been criminally charged before any court?		☐ YES ☑ 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?		☐ YES ☑ 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?		☐ YES ☑ NO If YES, give details:		
38.	Have you ever been a candidate in a national or local election held within the last year (except arangay election)? Have you resigned from the government service during the three (3)-month period before the last		☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO		
	lection to promote/actively campaign for a national or local candidate?		If YES, give details:		
39.	Have you acquired the status of an immigrant or permanent resident of another country?		☐ YES ☑ NO If YES, give details (country):		
40. a. b.	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: Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?		☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:		
41.	41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)				
	NAME	ADDRESS	TEL. NO.		
	SENONA A. CESAR	VISCA, BAYBAY CITY, LEYTE	9778179877		
	JULISSAH C. EVANGELIO	VISCA, BAYBAY CITY, LEYTE	053 563 7536		
	FRETZELJANE O. POGADO	VISCA, BAYBAY CITY, LEYTE	9311615757		
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. agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.					
P G	remment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) EASE INDICATE ID Number and Date of Issuance ernment Issued ID: PhilHealth				
╟	icense/Passport No.: 13-000128423-2 Signature (Sign inside the table of the University of Signature (Sign inside the table of Sign inside the ta		oox)		
D	ate/Place of Issuance: October 2022		Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti Person Administering Oat	ing his/her validly issued govern	ment ID as indicated above.	
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