

## 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 ( ) ☐ 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	GEOMAN		NAME EXTENSION (JR., SR)	
FIRST NAME	ELENO			
MIDDLE NAME	VITUALLA			
3. DATE OF BIRTH (mm/dd/yyyy)	03-08-84	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.		
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:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village SITIO TAMBES Barangay GACAT City/Municipality BAYBAY Province LEYTE ZIP CODE 6521	
7. HEIGHT (m)	168	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village SITIO TAMBES Barangay GACAT City/Municipality BAYBAY Province ZIP CODE 6521	
8. WEIGHT (kg)	60	19. TELEPHONE NO.		
9. BLOOD TYPE		20. MOBILE NO.	09977621002	
10. GSIS ID NO.		21. E-MAIL ADDRESS (if any)		
11. PAG-IBIG ID NO.				
12. PHILHEALTH NO.	230022480362			
13. SSS NO.	06-2733904-4			
14. TIN NO.	934-862-589			
15. AGENCY EMPLOYEE NO.				

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GEOMAN		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARISA	NAME EXTENSION (JR., SR)	ELTHEA M. GEOMAN	02-25-2020
MIDDLE NAME	MONTECLAROS		ELLERY M. GEOMAN	05-02-2023
OCCUPATION	HOUSE WIFE			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	GEOMAN			
FIRST NAME	LUCIANO	NAME EXTENSION (JR., SR)	SR	
MIDDLE NAME	MONTECILLO			
25. MOTHER'S MAIDEN NAME				
SURNAME	VITUALLA			
FIRST NAME	ELENA			
MIDDLE NAME	CAINTIC			

(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	GACAT ELEMENTARY SCHOOL						
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL						
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)



[illegible]

## V. WORK EXPERIENCE

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

[illegible]

<b>SIGNATURE</b>		<b>DATE</b>	
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[illegible]

## VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

[illegible]

VIII. OTHER INFORMATION

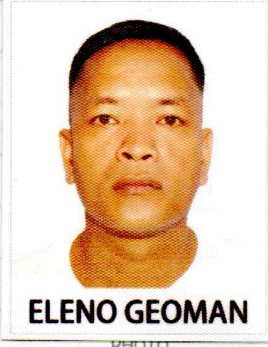
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
READING		
WRITING		



32

33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION  
(Write in full)



<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>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?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>

<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>PROFESSOR ALAN LORETO</td> <td>USU, BAYBAY CITY, LEYTE</td> <td></td> </tr> <tr> <td>ENGINEER MARIO LILIO VALENZONA</td> <td>USU, BAYBAY CITY, LEYTE</td> <td></td> </tr> <tr> <td>PROFESSOR MANDLO B. LORETO JR.</td> <td>USU, BAYBAY CITY, LEYTE</td> <td></td> </tr> </tbody> </table>			NAME	ADDRESS	TEL. NO.	PROFESSOR ALAN LORETO	USU, BAYBAY CITY, LEYTE		ENGINEER MARIO LILIO VALENZONA	USU, BAYBAY CITY, LEYTE		PROFESSOR MANDLO B. LORETO JR.	USU, BAYBAY CITY, LEYTE		 <p><b>ELENO GEOMAN</b></p> <p>PHOTO</p>
NAME	ADDRESS	TEL. NO.													
PROFESSOR ALAN LORETO	USU, BAYBAY CITY, LEYTE														
ENGINEER MARIO LILIO VALENZONA	USU, BAYBAY CITY, LEYTE														
PROFESSOR MANDLO B. LORETO JR.	USU, BAYBAY CITY, LEYTE														
<p>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.</p>															

<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: _____</p> <p>ID/License/Passport No.: DRIVER'S LICENSE NO. H03-04-001189</p> <p>Date/Place of Issuance: MARCH 8, 2023, BAYBAY CITY</p>	 <p>Signature (Sign inside the box)</p> <p>_____</p> <p>Date Accomplished</p>	 <p>Right Thumbmark</p>
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SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.