

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	CAMBA		
FIRST NAME	JOBELLE		NAME EXTENSION (JR., SR)
MIDDLE NAME	SILVANO		
3. DATE OF BIRTH (mm/dd/yyyy)	7/29/2000	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	MAYORGA, LEYTE	If holder of dual citizenship, please indicate the details.	Please indicate country: ▼
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	<div>ZONE 4</div> <div>House/Block/Lot No. Street</div> <div>SAN ROQUE</div> <div>Subdivision/Village Barangay</div> <div>MAYORGA LEYTE</div> <div>City/Municipality Province</div> <div>6507</div>
7. HEIGHT (m)	1.63 m	18. PERMANENT ADDRESS	<div>ZONE 4</div> <div>House/Block/Lot No. Street</div> <div>SAN ROQUE</div> <div>Subdivision/Village Barangay</div> <div>MAYORGA LEYTE</div> <div>City/Municipality Province</div> <div>6507</div>
8. WEIGHT (kg)	52 kg		ZIP CODE
9. BLOOD TYPE	O+		ZIP CODE
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-025610459-9		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	638-311-768-00000	20. MOBILE NO.	09925292365
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	bengjobellecamba@gmail.com

II. FAMILY BACKGROUND

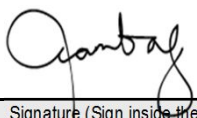
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CAMBA			
FIRST NAME	DANILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BAUTISTA			
25. MOTHER'S MAIDEN NAME	CINCO			
SURNAME	CAMBA			
FIRST NAME	VICTORIA			
MIDDLE NAME	SILVANO		(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	SAN ROQUE ELEMENTARY SCHOOL	ELEMENTARY	2006	2012	GRADUATED	2012	WITH HONORS
SECONDARY	DULAG NATIONAL HIGH SCHOOL	HIGH SCHOOL	2012	2016	GRADUATED	2016	WITH HONORS
VOCATIONAL /	DULAG NATIONAL HIGH SCHOOL	HUMANITIES AND SOCIAL SCIENCES	2016	2018	GRADUATED	2018	WITH HONORS
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS	2018	2022	GRADUATED	2022	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	08/19/2024
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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)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>HON. SERGIO I. ZABALA/VICE-MAYOR</td><td>MAYORGA, LEYTE</td><td>0946-548-9760</td></tr><tr><td>HANZEL T. CREBILLO/SB SECRETARY</td><td>MAYORGA, LEYTE</td><td>0998-578-0712</td></tr><tr><td></td><td></td><td></td></tr></table>		NAME	ADDRESS	TEL. NO.	HON. SERGIO I. ZABALA/VICE-MAYOR	MAYORGA, LEYTE	0946-548-9760	HANZEL T. CREBILLO/SB SECRETARY	MAYORGA, LEYTE	0998-578-0712			
NAME	ADDRESS	TEL. NO.											
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HANZEL T. CREBILLO/SB SECRETARY	MAYORGA, LEYTE	0998-578-0712											
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.													
<div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <table><tr><td>Government Issued ID:</td><td>PRC ID</td></tr><tr><td>ID/License/Passport No.:</td><td>2075284</td></tr><tr><td>Date/Place of Issuance:</td><td>07/21/2023</td></tr></table>	Government Issued ID:	PRC ID	ID/License/Passport No.:	2075284	Date/Place of Issuance:	07/21/2023	<div><div></div><div>Signature (Sign inside the box)</div><div>August 19, 2024</div><div>Date Accomplished</div></div> <div><div></div><div>Right Thumbmark</div></div>						
Government Issued ID:	PRC ID												
ID/License/Passport No.:	2075284												
Date/Place of Issuance:	07/21/2023												
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>													