

Revised 2017

**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**1. CS ID  
No.

(Do not fill up. For CSC use only)

**NOT ABBREVIATE.****I. PERSONAL INFORMATION**


2. SURNAME FIRST NAME  MIDDLE NAME	<b>CABUGWASON</b>		
	<b>KIM FRANZ</b>	NAME EXTENSION (JR., SR)	
	<b>BALANGYAO</b>		
3. DATE OF BIRTH (mm/dd/yyyy)	4/12/1995	16. CITIZENSHIP  If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	BAYBAY, LEYTE		Pls. indicate country:
5. SEX	<input checked="" type="checkbox"/> Male <input 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	N/A
			ZONE 1, BESIDE PASALUBONG CENTER
			House/Block/Lot No. N/A Street COGON
			Subdivision/Village Barangay
			BAYBAY LEYTE
7. HEIGHT (m)	1.71		
8. WEIGHT (kg)	64	ZIP CODE	6521
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	N/A
			ZONE 1, BESIDE PASALUBONG CENTER
	N/A		House/Block/Lot No. N/A Street COGON
			Subdivision/Village Barangay
			BAYBAY LEYTE
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	ZIP CODE	6521
13. SSS NO.	N/A	19. TELEPHONE NO.	563-0127
14. TIN NO.	N/A	20. MOBILE NO.	+639658433263
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	hoshii.kim08@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)
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FIRST NAME	N/A	NAME (JR., SR)	EXTENSION	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	CABUGWASON				
FIRST NAME					
MIDDLE NAME	ARTURO	NAME (JR., SR)	EXTENSION		
	CUASITO				
25. MOTHER'S MAIDEN NAME	ROWENA LUMINDAS BALANGYAO				
SURNAME					
FIRST NAME	CABUGWASON				
	ROWENA				
MIDDLE NAME	BALANGYAO			(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	BAYBAY II CENTRAL SCHOOL	ELEMENTARY LEVEL	6/5/2001	3/1/2007	GRADUATED	2007	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY LEVEL	6/5/2007	3/1/2011	GRADUATED	2011	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	GRADUATED	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	6/15/2011	7/17/2020	GRADUATED	2020	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		November 22, 2020		

[illegible]

(Continue on separate sheet if necessary)

**V. WORK EXPERIENCE**  
(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]

[illegible]

NOVEMBER 22, 2020


**ORGANIZATION/S**[illegible]

(Continue on separate sheet if necessary)

<b>VII. LEARNING AND DEVELOPMENT (L&amp;D) OGRAMS ATTENDED</b> <b>INTERVENTIONS/TRAINING PR</b> <i>e last five (5) years for Division</i>	
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(Start from the most recent L&D/training program and include only the L&D/training taken for th

**the last five (5) years for Division Chief/**

**Executive/Managerial positions)**

[illegible]


(Continue on separate sheet if necessary)

**VIII. OTHER INFORMATION**

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
TEAM SPORT	N/A	SOCIETY OF AGRIBUSINESS STUDENTS
TRAVEL		
GAMING		
MUSIC		

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>	<i>Kim Franz 11/</i>	<b>DATE</b>	<b>NOVEMBER 22, 2020</b>
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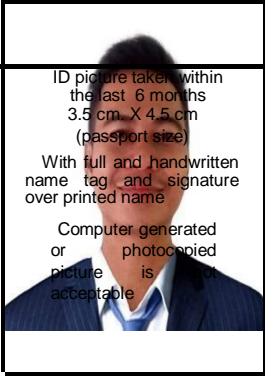
<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p> <input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO  <input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO            If YES, give details:            _____         </p>
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<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>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><input type="checkbox"/> YES      If _____</p> <p>YES, give details: _____</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>If YES, please specify: <input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO _____</p> <p>If YES, please specify ID No: <input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO _____</p> <p>If YES, please specify ID No: <input type="checkbox"/> YES      <input checked="" type="checkbox"/> 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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	N/A	N/A	N/A						
NAME	ADDRESS	TEL. NO.											
N/A	N/A	N/A											

ID picture taken within the last 6 months 3.5 cm X 4.5 cm (passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable



*R. Infante*

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.

KIM FRANZ B. CABUGWASON

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
*PLEASE INDICATE ID Number and Date of Issuance*

Government Issued ID: DRIVER'S LICENSE

ID/License/Passport No.: H12-13-002470

Date/Place of Issuance: 04/12/2017

*Kim Franz B. Cabugwason*

Signature (Sign inside the box)

NOVEMBER 22, 2020

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_  
validly issued government ID as indicated above.

, affiant exhibiting his/her

Person Administering Oath