

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	ANTOFINA		
FIRST NAME	ARJANERY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BORJA		
3. DATE OF BIRTH (mm/dd/yyyy)	12-27-1993	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	OLD BALARA, QUEZON CITY MANILA	If holder of dual citizenship, please indicate the details.	
5. SEX	☒ Male ☐ Female		
6 CIVIL STATUS	☒ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:		
7. HEIGHT (m)	1.77	17. RESIDENTIAL ADDRESS	M.H. Del Pilar St., House/Block/Lot No. Street SANTO ROSARIO Subdivision/Village Barangay CITY OF BAYBAY LEYTE City/Municipality Province
8. WEIGHT (kg)	97	ZIP CODE	6521
9. BLOOD TYPE		18. PERMANENT ADDRESS	M.H. Del Pilar St., House/Block/Lot No. Street SANTO ROSARIO Subdivision/Village Barangay CITY OF BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.		19. TELEPHONE NO.	(053)560-3323
12. PHILHEALTH NO.	13-025355850-5	20. MOBILE NO.	0965-624-3267
13. SSS NO.		21. E-MAIL ADDRESS (if any)	arjanery.antofina@vsu.edu.ph ari2xanto@gmail.com
14. TIN NO.	747-283-968		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ANTOFINA			
FIRST NAME	ARNULFO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DIÑO			
25. MOTHER'S MAIDEN NAME				
SURNAME	BORJA			
FIRST NAME	LEONORA			
MIDDLE NAME	ALBISO		(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 SOUTH CENTRAL SCHOOL					2006	
SECONDARY	TAHUD NATIONAL HIGH SCHOOL					2011	
VOCATIONAL / TRADE COURSE	JE MONDEJAR COMPUTER COLLEGE	ASSOCIATE COMPUTER TECHNOLOGY				2013	
COLLEGE	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION	BSBA MAJOR IN HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT				2018	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	Career Service Examination - Pen and Paper Test (Sub-Professional Level)	85.96	08/07/2022	LEYTE NATIONAL HIGH SCHOOL, ATHLETIC ROAD, TACLOBAN CITY		
	Career Service Examination - Pen and Paper Test (Professional Level)	80.99	03/26/2023	NEW ORMOC CITY NATIONAL HIGH SCHOOL		

V. WORK EXPERIENCE

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

28	INCLUSIVE DATES				SALARY/ JOB/ PAY		
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[illegible]

SIGNATURE		DATE	
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<i>SIGNATURE</i>		<i>DATE</i>	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[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)
	COMPUTER SKILLS				
	ADAPTABILITY				
	INITIATIVE				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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)?	☐ YES ☒ NO ☐ YES ☒ NO If YES, give details: _____													
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	☐ YES ☒ NO If YES, give details: _____ ☐ 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. 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?	☐ YES ☒ NO If YES, give details: _____ ☐ YES ☒ NO 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. 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?	☐ YES ☒ NO If YES, please specify: _____ ☐ YES ☒ NO If YES, please specify ID No: _____ ☐ YES ☒ NO If YES, please specify ID No: _____													
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>JESSAMINE C. ECLEO</td> <td>VSU WARNER</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JESSAMINE C. ECLEO	VSU WARNER								ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size) Computer generated or photocopied picture is not acceptable PHOTO Right Thumbmark
NAME	ADDRESS	TEL. NO.												
JESSAMINE C. ECLEO	VSU WARNER													
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.														
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath														