

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 if accomplished through own handwriting. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION

1. SURNAME	PAN				
2. FIRST NAME	NEIL			NAME EXTENSION (JR., SR)	
MIDDLE NAME	DARGANTES				
3. DATE OF BIRTH (dd/mm/yyyy)	24/04/1996	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	MANILA CITY	If holder of dual citizenship, please indicate the details.	Philippines		
5. SEX AT BIRTH	<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 PUROK MANGGA House/Block/Lot No. Street N/A PONDOL Subdivision/Village Barangay HINUNANGAN SOUTHERN LEYTE City/Municipality Province 6600		
7. HEIGHT (m)	1.73	18. PERMANENT ADDRESS	N/A PUROK MANGGA House/Block/Lot No. Street N/A PONDOL Subdivision/Village Barangay HINUNANGAN SOUTHERN LEYTE City/Municipality Province 6600		
8. WEIGHT (kg)	90		6600		
9. BLOOD TYPE	B				
10. UMID ID NO.	011-3162-8155-4				
11. PAG-IBIG ID NO.	1212-3322-6932				
12. PHILHEALTH NO.	130253083485	ZIP CODE	6600		
13. PhilSys Number (PSN):	4618-5942-0364-0135	19. TELEPHONE NO.	N/A		
14. TIN NO.	746-085-372-000	20. MOBILE NO.	09928531164		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	Bread.neil24@gmail.com		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	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	PAN			
FIRST NAME	NELSON	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CONSTANTINO			
25. MOTHER'S MAIDEN NAME				
SURNAME	DARGANTES			
FIRST NAME	LUCIA			
MIDDLE NAME	MIER		(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	HABAY ELEMENTARY SCHOOL	ELEMENTARY	2003	2009		2009	
SECONDARY	HOLY ROSARY ACADEMY	HIGH SCHOOL	2009	2012		2012	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	
COLLEGE	CAVITE STATE UNIVERSITY - IMUS	BACHELOR OF SCIENCE IN OFFICE ADMINISTRATION	2016	2019		2019	ACADEMIC SCHOLAR
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 8, 2025
-----------	--	------	-----------------

IV. CIVIL SERVICE ELIGIBILITY

[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.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 8, 2025
------------------	--	-------------	-----------------

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)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DRAWING	LEADERSHIP AWARDEE: 2018 - 2019	
PLAYING MUSIC INSTRUMENT		
PHOTOGRAPHY AND VIDEO EDITING		
HIKING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 8, 2025
------------------	--	-------------	-----------------

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____												
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><th>NAME</th><th>OFFICE / RESIDENTIAL ADDRESS</th><th>CONTACT NO. AND/OR EMAIL</th></tr><tr><td>NESTOR S. MUÑOZ</td><td>BOCAUE, BULACAN</td><td>713</td></tr><tr><td>MELISSA D. TAMBUYAT</td><td>PARAÑQUE CITY</td><td>3661</td></tr><tr><td>MA. FELISA T. DIZON</td><td>BACOR CITY</td><td>5138</td></tr></table>		NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL	NESTOR S. MUÑOZ	BOCAUE, BULACAN	713	MELISSA D. TAMBUYAT	PARAÑQUE CITY	3661	MA. FELISA T. DIZON	BACOR CITY	5138
NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL											
NESTOR S. MUÑOZ	BOCAUE, BULACAN	713											
MELISSA D. TAMBUYAT	PARAÑQUE CITY	3661											
MA. FELISA T. DIZON	BACOR CITY	5138											
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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: UMID ID</td></tr><tr><td>ID/License/Passport No.: CRN-011-3162-8155-4</td></tr><tr><td>Date/Place of Issuance: BACOR CITY</td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: UMID ID	ID/License/Passport No.: CRN-011-3162-8155-4	Date/Place of Issuance: BACOR CITY	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>10/08/2025</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	10/08/2025	Date Accomplished				
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID: UMID ID													
ID/License/Passport No.: CRN-011-3162-8155-4													
Date/Place of Issuance: BACOR CITY													
													
Signature (Sign inside the box)													
10/08/2025													
Date Accomplished													
	<table><tr><td></td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		PHOTO		Right Thumbmark								
													
PHOTO													
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>Person Administering Oath</td></tr></table>			Person Administering Oath										
Person Administering Oath													