

# 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	CADIZ		
FIRST NAME	GLORY MAE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ORING		
3. DATE OF BIRTH (mm/dd/yyyy)	1/20/2001	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	NAHAONG, LIBAGON, SOUTHERN LEYTE	If holder of dual citizenship, please indicate the details.	
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	LOWER CACAO House/Block/Lot No. Street NAHAONG Subdivision/Village Barangay LIBAGON SOUTHERN LEYTE City/Municipality Province ZIP CODE 6615
7. HEIGHT (m)	1.55	18. PERMANENT ADDRESS	LOWER CACAO House/Block/Lot No. Street NAHAONG Subdivision/Village Barangay LIBAGON SOUTHERN LEYTE City/Municipality Province ZIP CODE 6615
8. WEIGHT (kg)	73		
9. BLOOD TYPE	AB		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-202859657-3	19. TELEPHONE NO.	N/A
13. SSS NO.	N/A	20. MOBILE NO.	+63 965 492 8644
14. TIN NO.	630-725-628	21. E-MAIL ADDRESS (if any)	<a href="mailto:glorymaecadiz0120@gmail.com">glorymaecadiz0120@gmail.com</a>
15. AGENCY EMPLOYEE NO.	410		

## 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)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	CADIZ		N/A	N/A
FIRST NAME	JUANITO	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	TIBTIB		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	ORING		N/A	N/A
FIRST NAME	LILIA		N/A	N/A
MIDDLE NAME	CABUDBUD		(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	NAHULID ELEMENTARY SCHOOL	ELEMENTARY	2006-2007	2012-2013	N/A	2013	9th Honors
SECONDARY	RITO MONTE DE RAMOS SR. MEMORIAL NAHAONG NATIONAL HIGH SCHOOL	SENIOR HIGH SCHOOL	2013-2014	2018-2019	N/A	2019	With High Honors
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SOUTHERN LEYTE STATE UNIVERSITY - TOMAS OPPUS CAMPUS	BACHELOR OF SECONDARY EDUCATION MAJOR IN ENGLISH	2019-2020	2022-2023	N/A	2023	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
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#### 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
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[illegible]


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

[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)
	WRITING		EDITOR-IN-CHIEF (THE LIGHT PUBLICATION)		THE LIGHT GROUP OF PUBLICATIONS
	READING		ASSOCIATE EDITOR FOR CONTENT (THE LIGHT PUBLICATION)		PAG-ASA YOUTH ASSOCIATION OF THE PHILIPPINES
	COMPUTER SKILLS		LEADERSHIP AWARDEE		
	PROOF READING				
	COPY READING AND SCRIPT WRITING				
	JOURNALISM				

SIGNATURE		DATE	
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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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" 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> <hr/> <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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. EDA J. OPINA</td> <td>SAN ROQUE, SOGOD, SOUTHERN LEYTE</td> <td>(+63) 955 683 0884</td> </tr> <tr> <td>DR. SYBILL KRIZZIA G. LEDESMA</td> <td>MALITBOG, SOUTHERN LEYTE</td> <td>(+63) 917 873 3352</td> </tr> <tr> <td>MS. COLLEN ANTONETTE M. CABAUG</td> <td>TALISAY, BONTOC, SOUTHERN LEYTE</td> <td>(+63) 981 092 6167</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. EDA J. OPINA	SAN ROQUE, SOGOD, SOUTHERN LEYTE	(+63) 955 683 0884	DR. SYBILL KRIZZIA G. LEDESMA	MALITBOG, SOUTHERN LEYTE	(+63) 917 873 3352	MS. COLLEN ANTONETTE M. CABAUG	TALISAY, BONTOC, SOUTHERN LEYTE	(+63) 981 092 6167
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<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>													
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<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p>    <div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">Person Administering Oath</div> </div> <div style="width: 35%; text-align: center;">  <p style="font-size: small;">PHOTO</p>    <div style="border: 1px solid black; width: 100%; height: 80px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">Right Thumbmark</div> </div> </div>													