

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. GS ID No

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CAVITE		
FIRST NAME	NEIL MICHAEL	NAME EXTENSION (JR, SR)	
MIDDLE NAME	MOLATO		
3. DATE OF BIRTH (mm/dd/yyyy)	07/05/2000	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY	If holder of dual citizenship, please indicate the details.	
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"/> Other/s:	17. RESIDENTIAL ADDRESS	350 PUROK 3 House/Block/Lot No. Street BONTOC Subdivision/Village Barangay HINDANG LEYTE City/Municipality Province
7. HEIGHT (m)	1.57 m	ZIP CODE	6523
8. WEIGHT (kg)	54 kg	18. PERMANENT ADDRESS	350 PUROK 3 House/Block/Lot No. Street BONTOC Subdivision/Village Barangay HINDANG LEYTE City/Municipality Province
9. BLOOD TYPE	O+	ZIP CODE	6523
10. GSIS ID NO.		19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.		20. MOBILE NO.	0948-036-0804
12. PHILHEALTH NO.		21. E-MAIL ADDRESS (if any)	neilmichaelcavite@gmail.com
13. SSS NO.	06-4663357-2		
14. TIN NO.	778-262-699		
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	25. MOTHER'S MAIDEN NAME		
FIRST NAME	NAME EXTENSION (JR, SR)		
MIDDLE NAME			
SURNAME	MOLATO		
FIRST NAME	IMELDA		
MIDDLE NAME	ABAYHON		

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	BONTOC ELEMENTARY SCHOOL	PRIMARY EDUCATION	2007	2013		2013	WITH HONORS
SECONDARY	HINDANG NATIONAL HIGH SCHOOL	SENIOR HIGH SCHOOL	2017	2019		2019	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF CULTURE AND ARTS EDUCATION	2019	2023		2023	MAGNA CUM LAUDE
GRADUATE STUDIES							

SIGNATURE		DATE	JULY 19, 2024
-----------	---	------	---------------

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
	RA1080 LEPT PASSER	87.80	MARCH 2024	TACLOBAN CITY	2205350	07/05/2022
	CSE HONOR GRADUATE ELIGIBILITY		JULY 2024	ORMOC CITY		

(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	JULY 19, 2024
-----------	---	------	---------------

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	
1. Training Program	
2. Training Program	
3. Training Program	
4. Training Program	
5. Training Program	
6. Training Program	
7. Training Program	
8. Training Program	
9. Training Program	
10. Training Program	
11. Training Program	
12. Training Program	
13. Training Program	
14. Training Program	
15. Training Program	
16. Training Program	
17. Training Program	
18. Training Program	
19. Training Program	
20. Training Program	
21. Training Program	
22. Training Program	
23. Training Program	
24. Training Program	
25. Training Program	
26. Training Program	
27. Training Program	
28. Training Program	
29. Training Program	
30. Training Program	
31. Training Program	
32. Training Program	
33. Training Program	
34. Training Program	
35. Training Program	
36. Training Program	
37. Training Program	
38. Training Program	
39. Training Program	
40. Training Program	
41. Training Program	
42. Training Program	
43. Training Program	
44. Training Program	
45. Training Program	
46. Training Program	
47. Training Program	
48. Training Program	
49. Training Program	
50. Training Program	
51. Training Program	
52. Training Program	
53. Training Program	
54. Training Program	
55. Training Program	
56. Training Program	
57. Training Program	
58. Training Program	
59. Training Program	
60. Training Program	
61. Training Program	
62. Training Program	
63. Training Program	
64. Training Program	
65. Training Program	
66. Training Program	
67. Training Program	
68. Training Program	
69. Training Program	
70. Training Program	
71. Training Program	
72. Training Program	
73. Training Program	
74. Training Program	
75. Training Program	
76. Training Program	
77. Training Program	
78. Training Program	
79. Training Program	
80. Training Program	
81. Training Program	
82. Training Program	
83. Training Program	
84. Training Program	
85. Training Program	
86. Training Program	
87. Training Program	
88. Training Program	
89. Training Program	
90. Training Program	
91. Training Program	
92. Training Program	
93. Training Program	
94. Training Program	
95. Training Program	
96. Training Program	
97. Training Program	
98. Training Program	
99. Training Program	
100. Training Program	


[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)
DANCING		PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS (PAITE)
GRAPHIC DESIGN		
HOSTING		
ORGANIZING EVENTS		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 19, 2024
-----------	---	------	---------------

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)

NAME	ADDRESS	TEL. NO.
CELSOLHO B. PULTA	DOOS SUR, HINDANG, LEYTE	0993-886-5934
JAN MAR B. CUEVAS	BONTOC, HINDANG, LEYTE	0906-342-7127

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.

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

Government Issued ID:

ID/License/Passport No.: P5485860C

Date/Place of Issuance:

Signature (Sign inside the box)

JULY 19, 2024

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 19 JUL 2024, affiant exhibiting his/her validly issued government ID as indicated above.

GALILENCIO P. ABAYON JR.

ATTORNEY-AT-LAW

Person Administering Oath

CS FORM 212 (Revised 2017), Page 4 of 4