PERSONAL DATA SHEET  WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling 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.  Printlegbly, Tick approprise boxes [7] and use separate sheet if necessary. Indicate NIA if not applicable. DO NOT ABBREVIATE.    In CSD No.   (Do not fill up. For CSC.)   In CSD No.	use only)		
Print legibly. Tick appropriate boxes   ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.   I. CS ID No   (Do not fill up. For CSC in Indicate N/A if not applicable. DO NOT ABBREVIATE.   I. CS ID No   (Do not fill up. For CSC in Indicate N/A if not applicable. DO NOT ABBREVIATE.   I. CS ID No   (Do not fill up. For CSC in Indicate N/A if not applicable. DO NOT ABBREVIATE.   I. CS ID No   (Do not fill up. For CSC in Indicate N/A if not applicable. DO NOT ABBREVIATE.   I. CS ID No   (Do not fill up. For CSC in Indicate N/A if not applicable. DO NOT ABBREVIATE.   I. CS ID No   (Do not fill up. For CSC in Indicate N/A if not applicable. DO NOT ABBREVIATE.   I. CS ID No   (Do not fill up. For CSC in Indicate N/A if not applicable. DO NOT ABBREVIATE.   I. CS ID No   (Do not fill up. For CSC in Indicate N/A indicate N/	on		
DLAR   GRACE   DIAR   GRACE   DIAR   GRACE   DIAR			
GRACE  MIDDLE NAME  CIRIACA  3. DATE OF BIRTH (mm/ddf/yyyy)  4. PLACE OF BIRTH  5. SEX  Male  MATALOM LEYTE  MATALOM LEYTE  MIDDLE NAME  MATALOM LEYTE  If holder of dual citizenship, please indicate the details.  Filipino  Dual Citizenship Pls. indicate country:  Pls. indicate country:  Pls. indicate country:  The country:			
FIRST NAME MIDDLE NAME CIRIACA  3. DATE OF BIRTH (mm/dd/yyyy)  4. PLACE OF BIRTH MATALOM LEYTE  Male Female  Married Widowed Separated Other/s:  7. HEIGHT (m)  1.53  WEIGHT (kg)  9. BLOOD TYPE  O  18. PERMANENT ADDRESS N/A PUROK NANGKA House/Block/Lot No. Street City/Municipality Province  N/A SAN JOSE Barangay  18. PERMANENT ADDRESS N/A PUROK NANGKA House/Block/Lot No. Street N/A SAN JOSE N/A PUROK NANGKA House/Block/Lot No. Street N/A SIRENTERIAL ADDRESS N/A PUROK NANGKA House/Block/Lot No. Street N/A Subdivision/Village Barangay House/Block/Lot No. Street N/A PUROK NANGKA House/Block/Lot No. Street N/A PUROK NANGKA House/Block/Lot No. Street N/A SAN JOSE Barangay N/A SAN JOSE Barangay MAASIN CITY SOUTHERN LEY City/Municipality Province			
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4. PLACE OF BIRTH  MATALOM LEYTE  If holder of dual citizenship, please indicate the details.  Pls. indicate country:  N/A  N/A  N/A  N/A  Pls. indicate country:  N/A  N/A  N/A  Puscelled Country:  If holder of dual citizenship, please indicate the details.  N/A  House/Block/Lot No.  Street  Subdivision/Village Barangay  N/A  PUROK NANGKA  House/Block/Lot No.  Street  N/A  N/A  SAN JOSE  Subdivision/Village Barangay  MAASIN CITY SOUTHERN LEY  City/Municipality Province			
5. SEX			
Widowed			
N/A   GUADALUPE			
Subdivision/Village   Barangay			
1.33   City/Municipality   Province			
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11. PAG-IBIG ID NO.  N/A  Subdivision/Village Barangay  MAASIN CITY SOUTHERN LEY City/Municipality Province			
11. PAG-IBIG ID NO.  N/A  MAASIN CITY SOUTHERN LEY City/Municipality Province			
12. PHILHEALTH NO. 1325-2960-6358 ZIP CODE 6600	SOUTHERN LEYTE		
13. SSS NO. <b>06-4326093-5</b> 19. TELEPHONE NO. N/A	N/A		
14. TIN NO. 757-876-112 20. MOBILE NO. 09385003227			
15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) grasyaolar@gmail.com			
II. FAMILY BACKGROUND			
22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all)  DATE OF BIR			
	v)		
MIDDLE NAME N/A N/A			
OCCUPATION N/A N/A			
N/A			
EMPLOYER/BUSINESS NAME N/A N/A			
BUSINESS ADDRESS N/A N/A			
TELEPHONE NO. N/A N/A	N/A		
24. FATHER'S SURNAME OLAR N/A	N/A		
FIRST NAME MARVELO NAME EXTENSION (JR., SR) N/A N/A	N/A		
MIDDLE NAME TABOQUILDE N/A	N/A		
25. MOTHER'S MAIDEN NAME N/A	N/A		
SURNAME CIRIACA N/A			
FIRST NAME JOSEPHINE N/A N/A	N/A		
MIDDLE NAME GOZON (Continue on separate sheet if necessary)			
III. EDUCATIONAL BACKGROUND			
26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE UNITS EARNED GRADUATE ACA	DLARSHI P/ DEMIC NORS		
From To VALEDICTORI	CEIVED		
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BREEDING	N/A OST		
TIGATING STATE SHITEHOLD IN SOCIETIES IN TOKINGULTURE 2020 2022 N/A N/A D	OST		
SIGNATURE (Continue on separate sheet if necessary)  DATE September 2, 2022			

	SERVICE ELIC			DATE OF				LIOENOE (II	P 11.
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  LICENSURE EXAM IN AGRICULTURE (LEA)			RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFI	ERMENT	LICENSE (if a	pplicable)  Date of
			(If Applicable)	CONFERMENT NOVEMBER 5-7,		. 2102 0. 25 BRITATION / SOM ENWERT			Validity
LICENSU	PASS		85.2	NOVEMBER 5-7, 2019 TACLOE		BAN CITY		0033766	12/9/2019
PD 907-HONOR GRADUATE ELEGIBILITY			N/A	N/A	N	N/A		N/A	N/A
			(Conti	inue on separate sheet	if necessary)				
	EXPERIENCI ivate employm	E ent. Start from your rec	ent work) Descri	ption of duties show	uld be indicated in the	attached W		ce sheet.	
(mr	JSIVE DATES m/dd/yyyy)		POSITION TITLE  DEPARTMENT / AGENCY / OFFICE / COI (Write in full/Do not abbreviate)  (Write in full/Do not abbreviate)			MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From 0/1/2019	To 07/31/2020	OFFICE SUPPOR	OT STAFF	DEPARTMENT OF	F ENVIRONMENT AND	12000.00	INCREMENT N/A	CONTRACTUAL	Υ
v, 11 <b>∠</b> 01∂	011/51/2020	OTTIGE SUFFOR	A VIALL	NATURAL RESOU	RCES- PENRO MAASIN	12000.00	IN/A	ON INACIOAL	'
010	A TUE -		(Conti	inue on separate sheet				20,000	
SIGN	ATURE		- green		DATE		02/0	09/2022	

25. NAME - PROCESSOR OF CROSS-ACTIONS	VI. VOLUNTARY WORK OR INVOLVEME	NT IN CIVIC / NON-GOVERNM	IENT / PEOP	LE/VOLUN	TARY ORGA	NIZATION/S		
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Community   Comm	30. TITLE OF LEARNING AND DEVELOPMENT INTI	ERVENTIONS/TRAINING PROGRAMS			NUMBEROS	Type of LD	CONDUCTED/ SPONSORED BY	
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34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?  b. within the fourth degree (for Local Government Unit - Care		☑ NO □ NO S:				
35. a. Have you ever been found guilty of any administrative of	☐ YES ☑ NO If YES, give details:					
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details:  Date Filed: Status of Case/s:					
36. Have you ever been convicted of any crime or violation of a 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 retirement, dropped from the rolls, dismissal, termination, encout (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 elements arranged election)?	☐ YES ☑ NO If YES, give details:					
b. Have you resigned from the government service during last election to promote/actively campaign for a national or lo	☐ YES ☑ NO If YES, give details:					
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)						
a Are you a member of any indigenous group?	YES	<b>☑</b> NO				
b Are you a person with disability?	If YES, please specify:  ☐ YES ☑ NO					
c Are you a solo parent?	If YES, please specify  YES  If YES, please specify	✓ NO				
41. REFERENCES (Person not related by consanguinity or affinity to a	pplicant /appointee)					
NAME	ADDRESS	TEL. NO.				
LISA I. ARCE	VSU, BAYBAY LEYTE	9273967451				
LUZ O. MORENO	VSU, BAYBAY LEYTE	9164239381				
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	-gOlm					
Government Issued ID: 06-4326093-5 ID/License/Passport No. 0033766						
Date/Place of Issuance: 07/09/2019/SSS-ORMOC CIY	oox)	Right Thumbmark				
Date Accomplished Right Thumbmark						
SUBSCRIBED AND SWORN to before me this	, affiant ex	hibiting his/her validly iss	sued government ID as indicated above.			
	Person Administering Oat	h	CS FORM 2 2 (Revised 2017), Page 4 of 4			
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