Print legibly. Tick appropriate boxes (	tion made in the Personal Data Sheet and to TO FILLING OUT THE PERSONAL DATA SH and use separate sheet if necessary indicate N/A if no	HEET (PDS) BEFORE ACCOMPLI	SHING THE PD	1. CS E	No		(Do no	t fill up. For CSC use only	
MARIA TO THE PARTY.		A Mysticatory DO NOT ABOVE CONT.	A CONTRACTOR	TANK!	Walt.	Partie Cart		THE PARTY	
2. SURNAME	OLIVER								
FIRST NAME	CATHIRINE NAME EXTENSION (JR, SR) NA								
MIDDLE NAME	N/A								
3. DATE OF BIRTH	12/16/2000	16, CITIZENSHIP	"本"为"人"的	佐田	₹ F	ilipino 🗆 D	ual Citizenship		
(mm/dd/yyyy)	4						by birth 🔲	by naturalization	
4, PLACE OF BIRTH	SANTA FE, LEYTE		- Andrews			Pl	s. indicate country:		
FORM	3	If holder of dual							
5. SEX	Male ☑ Female	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	NA NA				NA		
6. CIVIL STATUS	Single 🗆 Married	17. RESIDENTIAL ADDRESS	House/Block/Lot No.				Street		
	☐ Widowed ☐ Separated		NA		-	7	ZONE 4 POB.	-	
as. can	☐ Other/s	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	49	Subdi	vision/Villa			arangay	
W. Selection	N. C.		SANTA				LEYTE	Province	
7. HEIGHT (m)	1.54	ZIP CODE	6513	City	Municipalit	У	A.	1	
8. WEIGHT (kg)	52	18. PERMANENT ADDRESS	NA NA				NA		
9. BLOOD TYPE	0+		7	House	Block/Lot			Street	
10. GSIS ID NO.	NA		NA	Cubali	/Ision∕Villa		ZONE 4 POB.	arangay	
11. PAG-IBIG ID NO.	121322779175		SANTA F		viv vina		EYTE		
II. PAG-IBIG ID NO.	121322119113		711	City/	Municipalit	у	P	rovince	
12. PHILHEALTH NO.	13-025628353-1	ZIP CODE	6513						
13, SSS NO.	06-4613036-3	19. TELEPHONE NO.	NA nonzacza	F004					
14. TIN NO.	631-050-981-000	20, MOBILE NO. 21, E-MAIL ADDRESS (if any)	0992862 olivercat		amail co	·m			
15. AGENCY EMPLOYEE NO.	NA NA	21. E-WAIE ADDITECT (II dily)	Oliver Car	illinic@	grinani.ee		100000000000000000000000000000000000000	RMEN-LEVE-Y	
that on stage	1		23 NAME of Ch	III DREN	(Write full	name and list all)	one by the said	DATE OF BIRTH	
22. SPOUSE'S SURNAME	NA	NAME EXTENSION		0.5110	10/11/07/50	House paint (Sent)	GREAT STATE	(mm/dd/yyyy)	
FIRST NAME	NA -	(JR,SR) NA	N/A					N/A	
MIDDLE NAME							-	Infrage visited	
OCCUPATION	NA						19 10 4 - W		
EMPLOYER/BUSINESS NAME	NA .						- W	).	
BUSINESS ADDRESS	NA .								
ALA	A		14 Table 1						
TELEPHONE NO.	NA								
24. FATHER'S SURNAME	N/A	NAME EXTENSION	10 Me 14						
FIRST NAME	N/A	(JR.SR) N/A	7 110 4 1						
MIDDLE NAME	N/A								
5. MOTHER'S MAIDEN NAME								1	
SURNAME	OLIVER					- the second	gri d		
FIRST NAME	PURIFICACION						311		
MIDDLE NAME	GERONDA			USBM (	Continu	e on seperate sh	eet if necessary	Destination of	
IL ESTINATION CONTRACTOR		The second second	RIGHT MARKET		ALCOHOL:	EN SERVICE	En were en en	The state of the same	
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGRE	E/COURSE	PERI	OD OF	HIGHEST LEVEL	YEAR	SCHOLARSHIP/	
20, LEVEL	(Write in full)	(Write in full)		ATTEN	DANCE	(if not graduated)	GRADUATED	ACADEMIC	
TENEDE STATE	STA FE CENTRAL SCHOOL	ELEMENTARY	Ven Salah	From	To	STATE OF	9.0	HONORS RECEVIED	
ELEMENTARY	SIA FE CENTRAL SURVOL	RECORDING TO SERVICE OF THE SERVICE		2007	2013	GRADE 6	2013	WITH HONOR	
HIGH SCHOOL	STA FE STAND ALONE SENIOR HIGH SCHOOL	SECONDARY		2017	2019	GRADE 12	2019	WITH HIGH HONORS	
OCATIONAL / TRADE COURSE	N/A	N/A				N/A	N/A .	N/A	
OLLEGE	UNIVERSITY OF THE PHILIPPINES TACLOBAN COLLEGE	BACHELOR OF SCIENCE IN MANAGE	MENT	2019	2025	145	2025	CUM LAUDE	
RADUATE STUDIES	N/A	N/A			212.0	N/A	N/A	NA	

27. CAREE SI BARANGA	R SERVICE!	RA 1080 (BOARD/BAR) UNDER L/CES/CSEE / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EX	AMINATION / CONF	ERMENT	LICENSE (III	Date of Validity
SE PROFESSIONAL ELI		and the second second second	82.57	03/26/2023	TACLOBAN CITY			1230	06/09/202:
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						or comp V discount in	The second second	**************************************	-
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28. INCLUSIVE DA (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbrev	nate)	DEPARTMENT / AGENCY (Write in full/Do n	/ OFFICE / COMPANY of abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV SERV
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LUNTARY WORK OR INVOLVEMENT IN GIVIC / NON-GOVE  NAME & ADDRESS OF ORGANIZATION (Write in fue)  OUTH MINISTRY	I INCLU	niddlyyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
		To	4 1444 55 14	1.564	ngi Malia kua manganakan kecamatan ke
	04/23/2019	04/23/2029	8784	YOUTH LEADER	2 d 2 d 4 d
OUTH CHOIR- BRISY ZONE 4 POB. (CABANGCALAN), SANTA FE, LEYTE	04/23/2019	04/23/2024	54	CHOIR LEADER	
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LEARBING AND DEVELOPMENT (LED) INTERVENTIONSTR					
	INCLUS	IVE DATES OF		Type of LD	CONDUCTED/ SPONSORED BY
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROC		ATTENDANCE (mm/dd/yyyy)		( Managerial/ Supervisory/	(Write in full)
(Write in full)	From	То	Below Street	Technical/etc)	DEPARTMENT OF AGRICULTURE
RPRISE DEVELOPMENT TRAINING	11/03/2025	12/03/2025	16	TECHNICAL	STELLAR TRAINING CONSULTANCY SERVICES LEARNING MANAGEM
101 RECORDS AND INFORMATION MANAGEMENT TRAINING	12/02/2025	12/02/2025	2	OTHERS	SYSTEM
	10/01/2025	10/01/2025	2	OTHERS	STELLAR TRAINING CONSULTANCY SERVICES LEARNING MANAGEM SYSTEM
CE AND ADMINISTRATIVE MANAGEMENT TRAINING	02/10/2024	02/10/2024	2	OTHERS	DEPARTMENT OF INFORMATION AND COMMUNICATIONS TECHNOLOGICAL (DICT) REGIONAL OFFICE 8
ERSCEURITY AWARENESS MONTH 2024 CYNER TIWALA, CYBER HANDA, CYBER TATAG	19/09/2024	19/09/2024	2	OTHERS	DICT GRIENTAL MINEDORO
ERP SYSTEMS DRIVE DIGITAL TRANSFORMATION	7 9			TECHNICAL	DA- RFO & AGRIBUSINESS AND MARKETING ASSISTANCE DIVISION
TESHOP IN BUSINESS MODWL CANVAS	19/08/2024	20/08/2024	16	TECHNICAL	THE BUSINESS ON LEGE OF BUSINESS
CUSTOM CUTTHE ART OF TAILOR-FITTING A FUTURE HR PROFESSIONAL	16/02/2022	16/02/2022	4	OTHERS	POLYTECHNIC UNIVERSITY OF THE PRESENT ADMINISTRATION DEPARTMENT OF HUMAN RESOURCE MANAGEMENT
CUSTOM CUTTHE ART OF PALEORETTING AT STOLE.				+0.	
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OTHER INFORMATION	NON-ACADEMIC DIS		700700000000000000000000000000000000000	1	MEMBERSHIP IN ASSOCIATION/ORGANIZATI
SPECIAL SKILLS and HOBBIES 32.	(4)	Vrite in full)		ANN CANADA	33. (Write in full)
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y(*),t.	Carry In the control of	ATTY DISCHALL			

34. Are you related by consanguinity or affinity to the appointing or the person who has immediate supervision over you in the Office.	recommending sufficiency or to the chief of bureau or	flice or to
the person who has immediate supervision over you in the Office a. within the third degree?	e, Bureau or Department where you will be appointed	the same and the s
b. within the fourth degree (for Local Government Unit - Career	☐ YES ☑ NO	
		If YES, give details:
		7.12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 /
35, a. Have you ever been found guilty of any administrative offense	7	☐ YES ☑ NO
A service of the production of the service of the s	the second secon	If YES, give details:
	and the second of the second of the	
b. Have you been criminally charged before any court?	and the second s	☐ YES ☑ NO
	If YES, give details:	
		Date Filed:
36. Have you ever been convicted of any crime or violation of any la	w, decree, ordinance or regulation by any court or trib	unal? YES NO
		If YES, give details:
8-17		
Have you ever been separated from the service in any of the following dismissal, termination, end of term, finished contract or phased of term.	owing modes: resignation, retirement, dropped from the	e rolls, YES V NO
distrissat, termination, end of term, missied conduct of priosed	out (aboution) in the public of private costs.	If YES, give details:
	10.00	
38. a. Have you ever been a candidate in a national or local election	held within the last year (except Barangay election)?	☐ YES ☑ NO
		If YES, give details:
b. Have you resigned from the government service during the thi	ree (3)-month period before the last election to	☐ YES ☑ NO
promote/actively campaign for a national or local candidate?	Picare	If YES, give details:
	CONTRACT	ii 120, gre ocaio
39. Have you acquired the status of an immigrant or permanent resid	ent of another country?	☐ YES ☑ NO
		If YES, give details (country):
	and the same of th	
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna C Welfare Act of 2000 (RA 8972), please answer the following items	arta for Disabled Persons (RA 7277); and (c) Solo Par s:	ents
a Are you a member of any indigenous group?		☐ YES ☑ NO
		If YES, give details:
b Are you a person with disability?	*	☐ YES ☑ NO
		If YES, please specify ID No.:
c Are you a solo parent?		☐ YES ☑ NO
Europe 1		If YES, please specify ID No.:
41. REFERENCES (Person not related by consangulatly or affin	ity to applicant /appointee)  ADDRESS	TEL, NO.
NAME	BRGY. PILIT, STA FE, LEYTE	NA SA
ANTHONY JOEL A. SALAZAR		
MARK ANGELO JAY CABANGANAN	BRGY. REAL, DARAM, SAMAR	NA STATE OF THE ST
2. I declare under oath that I have personally accomplished this F to the provisions of pertinent laws, rules, and regulations or representative to verify/validate the contents stated herein. I a		
shall cause the filing of administrative/criminal case/s against mi	e.	- CHILL OLIVER
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc. PLEASE INDICATE ID Number and Date of Issuance		
Government Issued ID: NATIONAL ID		
ID/License/Passport No.: 2518-0620-8109-1402	Signature (Sign inside the	e box)
Date/Place of Issuance: SANTA FE, LEYTE	U5 74 7	Control of the Contro
MAY 7	6 2025	PROGRAMME TO THE PROGRA
SUBSCRIBED AND SWORN to before me this	affiant exhibiting	his/her validly issued government ID as indicated above.
	ATTY, DUCHESS CHRISTON MAKE M. COBA	CHA, RN
	For Tackshan City and Cryste	Pelo, Leyte
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