

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	TRIPOLI		
FIRST NAME	ENA GEN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	TIGOL		
3. DATE OF BIRTH (mm/dd/yyyy)	09/23/1998	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	BAYBAY CITY, 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	House/Block/Lot No. Street MAKINHAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.53	ZIP CODE	
8. WEIGHT (kg)	58		
9. BLOOD TYPE	O+		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	121307992792	18. PERMANENT ADDRESS	House/Block/Lot No. Street MAKINHAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
12. PHILHEALTH NO.	1302-5611-5795	ZIP CODE	6521
13. SSS NO.	06-4477260-0	19. TELEPHONE NO.	N/A
14. TIN NO.	614-685-384	20. MOBILE NO.	09498711009
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	enagentripoli@gmail.com

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	TRIPOLI			
FIRST NAME	SAMUEL	NAME EXTENSION (JR., SR) JR		
MIDDLE NAME	NUNEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	TIGOL			
FIRST NAME	AMORA			
MIDDLE NAME	PAEL		(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	MAKINHAS ELEMENTARY SCHOOL	N/A	1/6/2004	03/31/2010	N/A	2010	VALEDICTORIAN
SECONDARY	EAST VISAYAN ADVENTIST ACADEMY	N/A	1/6/2010	03/31/2014	N/A	2014	VALEDICTORIAN
VOCATIONAL /							
COLLEGE	MOUNTAIN VIEW COLLEGE	BACHELOR OF SCIENCE IN ACCOUNTANCY	1/6/2014	03/28/2018		2018	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)



SIGNATURE		DATE	June 24, 2024
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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
	CIVIL SERVICE ELIGIBILITY	82.0	March 26,2023	Cebu City		
	Licensed Professional Teacher	84.6	Sept. 24, 2023	Cebu City		
	Certified Public Accountant	76.0	May 26,27,28, 2024	Cebu City		

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	June 24, 2024
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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); 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?	<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)		
NAME	ADDRESS	TEL. NO.
KEVIN CARL MONLOY	ADVENTIST HOSPITAL CEBU	
KETH ASAHIL ROSARIO	ADVENTIST HOSPITAL CEBU	
SHERWIN ABANTAO	EAST VISAYAN ADVENTIST ACADEMY	
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: PASSPORT ID/License/Passport No.: P3996696C Date/Place of Issuance: 04/28/2023- TACLOBAN CITY	<div style="border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em; font-family: cursive;">  </div> <div style="position: absolute; bottom: 5px; left: 50%; transform: translate(-50%); font-size: 0.8em;"> Signature (Sign inside the box) June 24, 2024 Date Accomplished </div> </div>	<div style="border: 1px solid black; height: 100px; position: relative;">  <div style="position: absolute; bottom: 5px; left: 50%; transform: translate(-50%); font-size: 0.8em;"> PHOTO KEVIN CARL MONLOY </div> </div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div style="border: 1px solid black; width: 100%; height: 50px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center; justify-content: center;"> Person Administering Oath </div>		