

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	AYUBAN		
FIRST NAME	MARY ANN	N/A	
MIDDLE NAME	DUSATA		
3. DATE OF BIRTH (mm/dd/yyyy)	05/25/99	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	ALICIA, BOHOL	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	APARTMENT 21 KILBOURNE STREET House/Block/Lot No. Street N/A PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.55	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A CABATANG Subdivision/Village Barangay ALICIA BOHOL City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	55 kg		
9. BLOOD TYPE	Ab		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	12-254568220-4		
13. SSS NO.	N/A		
14. TIN NO.	N/A	20. MOBILE NO.	+639483142519
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	maryayuban99@gmail.com

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			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	AYUBAN			
FIRST NAME	FRANCISCO	JR		
MIDDLE NAME	CONCON			
25. MOTHER'S MAIDEN NAME	DUSATA			
SURNAME	AYUBAN			
FIRST NAME	MARJORIE			
MIDDLE NAME	HUISO		(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	CABATANG ALICIA , BOHOL	ELEMENTARY	2006	2012	COMPLETED	2012	VALEDICTO RIAN

SECONDARY	ALICIA TECHNICAL - VOCATIONAL HIGH SCHOOL	JUNIOR AND SENIOR HIGH SCHOOL	2012	2018	COMPLETED	2018	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN FILIPINO	2018		COMPLETED	2022	MAGNA CUM LAUDE
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		September 4, 2022		

<i>IV. CIVIL SERVICE ELIGIBILITY</i>								
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)				
				NUMBER	Date of Validity			
				N/A	N/A	N/A	N/A	N/A

(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		September 4, 2022
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT

29.

NAME & ADDRESS OF ORGANIZATION
(Write in full)

N/A

(Conti


VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for

30.

TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS
(Write in full)

N/A

WILLINGNES S TO LEARN	
(Cont	
SIGNATURE	

/ PEOPLE / VOLUNTARY ORGANIZATION/S

INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION
From	To		
N/A	N/A	N/A	N/A

Continue on separate sheet if necessary)

PROGRAMS ATTENDED

(the last five (5) years for Division Chief/Executive/Managerial positions)

INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	
From	To			
N/A	N/A	N/A	N/A	N/A

<i>inue on separate sheet if necessary)</i>	
	DATE

[illegible]

[illegible]

September 4, 2022

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 appointed,
- a. within the third degree?
 - b. within the fourth degree (for Local Government Unit - Care

35. a. Have you ever been found guilty of any administrative offense?
- b. Have you been criminally charged before any court?

36. Have you ever been convicted of any crime or violation of any law by any court or tribunal?

37. Have you ever been separated from the service in any of the following: retirement, dropped from the rolls, dismissal, termination, end of contract (abolition) in the public or private sector?

38. a. Have you ever been a candidate in a national or local election (Barangay election)?
- b. Have you resigned from the government service during the election to promote/actively campaign for a national or local election?

39. Have you acquired the status of an immigrant or permanent resident?

40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),

a. Are you a member of any indigenous group?

b. Are you a person with disability?

c. Are you a solo parent?

41. REFERENCES (Person not related by consanguinity or affinity to applicant)

NAME

JENILYN ZAPANTA

DELIA RAFOLS

42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertinent laws of the Philippines. I authorize the agency head/authorized representative to use my statement in any administrative/criminal case/s against me. I agree that any misrepresentation made in this document shall be considered perjury.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **PHILHEALTH**

ID/License/Passport No.: **12-254568220-4**

Date/Place of Issuance: **04/24/22/ BAYBAY CITY, LEYTE**

SUBSCRIBED AND SWORN to before me this _____



<p>or recommending authority, or to the supervision over you in the Office,</p> <p>per 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>_____</p>
<p>ense?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>_____</p>
	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>
<p>by law, decree, ordinance or regulation</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>_____</p>
<p>e following modes: resignation, end of term, finished contract or phased</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>_____</p>
<p>tion held within the last year (except</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>e three (3)-month period before the last candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country):</p>

na Carta for Disabled Persons (RA
please answer the following items:

☐ YES

☒ NO

If YES, please specify:

☐ YES

☒ NO

If YES, please specify ID No:

☐ YES

☒ NO

If YES, please specify ID No:

/appointee)

ADDRESS	CEL. NO
BAYBAY CITY, LEYTE	09606558643
ALICIA, BOHOL	09077646540

this Personal Data Sheet which is a true, correct and
ent laws, rules and regulations of the Republic of the
representative to verify/validate the contents stated herein.
document and its attachments shall cause the filing of

ID
t
;

With
name

Cc
or j



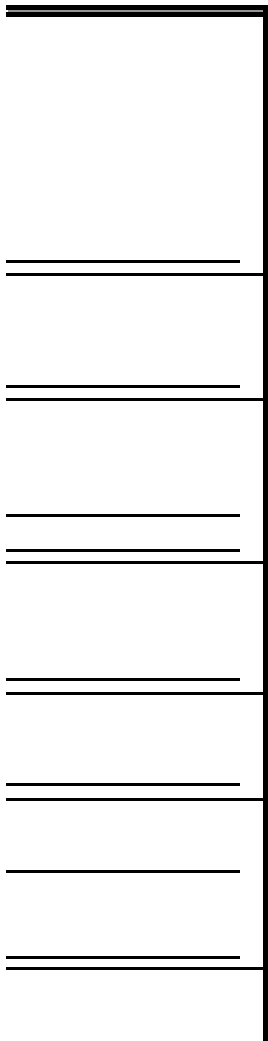
Signature (Sign inside the box)

08/04/22

Date Accomplished

_____, affiant exhibiting his/her validly issued government ID

Person Administering Oath



Picture taken within
the last 6 months
3.5 cm. X 4.5 cm
(passport size)

With full and handwritten
tag and signature over
printed name

Computer generated
photocopied picture

PHOTO

Right Thumbmark

as indicated above.