

# 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	GOLLE			
FIRST NAME	JACQUILYN	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	CAZON			
3. DATE OF BIRTH (mm/dd/yyyy)	September 18, 1996	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	ANAHAWAN SOUTHERN 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	COLO House/Block/Lot No. Street Subdivision/Village KAN-IPA BAYBAY LEYTE City/Municipality Province 6521	
7. HEIGHT (m)	1.52 m	18. PERMANENT ADDRESS	COLO House/Block/Lot No. Street Subdivision/Village KAN-IPA BAYBAY LEYTE City/Municipality Province 6521	
8. WEIGHT (kg)	55 kg		ZIP CODE	6521
9. BLOOD TYPE	AB+		19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A		20. MOBILE NO.	09126506579
11. PAG-BIG ID NO.	N/A	21. E-MAIL ADDRESS (if any)	jackygolle@gmail.com	
12. PHILHEALTH NO.	13 - 251643887 - 1			
13. SSS NO.	N/A			
14. TIN NO.	711 - 684 - 892			
15. AGENCY EMPLOYEE NO.	N/A			

## 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	NAME EXTENSION (JR., SR.)		N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	GOLLE			
FIRST NAME	JOAQUIN	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	DIONOLA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CAZON			
FIRST NAME	SANSEN			
MIDDLE NAME	JAPSON			

(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	NAVALITA MULTI-GRADE ELEMENTARY SCHOOL	PRIMARY	2003	2009	N/A	2009	VALEDICTORIAN
SECONDARY	HINUNDAYAN CATHOLIC INSTITUTE, INCORPORATED	SECONDARY	2009	2013	N/A	2013	7TH HON. MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE	2013	2017	N/A	2017	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN HORTICULTURE	2019	2022	N/A	2022	DOST ASTHRDP-NSC SCHOLAR

(Continue on separate sheet if necessary)

SIGNATURE	DATE	FEBRUARY 2, 2023
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MILITARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

### EVALUATING DEVELOPMENT AND INTERVENTION STRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

#### ALL OTHER INFORMATION

31	SPECIAL SKILLS and HOBBIES	32	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	DRIVING		N/A		KANLUNGAN PILIPINAS MOVEMENT
	COMPUTER LITERATE				
	SINGING				
	STATISTICAL ANALYSIS				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	FEBRUARY 2, 2023
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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?

☐ 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 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)?

☐ YES ☒ NO  
If YES, give details:

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:

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?

☐ YES ☒ NO  
If YES, please specify:

b. Are you a person with disability?

☐ YES ☒ NO  
If YES, please specify ID No:

c. Are you a solo parent?

☐ YES ☒ NO  
If YES, please specify ID No:

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

NAME	ADDRESS	TEL. NO.
DR. ZENaida C. GONZAGA	VISCA, BAYBAY CITY, LEYTE	9176320387
DR. JOHN PAUL R. GAPASIN	SLSU-HINUNANGAN, SO. LEYTE	9171448368
MA. EMMA SUZETTE M. PERNITES	SLSU-HINUNANGAN, SO. LEYTE	9651567161



PHOTO

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: **Driver's License**

ID/License/Passport No.: **H12-20-003754**

Date/Place of Issuance: **DEC. 3, 2020 / BAYBAY CITY, LEYTE**

Signature (Sign inside the box)

**FEBRUARY 2, 2023**

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this

**02 FEB 2023**

affiant exhibiting his/her validly issued government ID as indicated above.

**ATTY. ELEUTERIO C. NARIDO**  
**PUBLIC ATTORNEY III**  
**(PURSUANT TO RA 9406)**

Person Administering Oath