

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	MAPUTI		
FIRST NAME	ANTHONY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	OLIVA		
3. DATE OF BIRTH (mm/dd/yyyy)	05/07/1994	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	PIGLAWIGAN, ESPERANZA, AGUSAN DEL SUR	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	0008 DONA TEODORA BLVD. House/Block/Lot No. Street MA. CRISTINA SUBDV. SAN MIGUEL Subdivision/Village Barangay ILIGAN CITY LANAO DEL NORTE City/Municipality Province
7. HEIGHT (m)	1.67	ZIP CODE	9200
8. WEIGHT (kg)	65		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	300 P4 House/Block/Lot No. Street LUMBIA DAKUTAN Subdivision/Village Barangay ESPERANZA AGUSAN DEL SUR City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	8513
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	150255201850	19. TELEPHONE NO.	228-2563
13. SSS NO.	34-7684139-5	20. MOBILE NO.	09514796005
14. TIN NO.	332-129-639-000	21. E-MAIL ADDRESS (if any)	anthony.maputi@g.msuiit.edu.ph
15. AGENCY EMPLOYEE NO.	2016-334		

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	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MAPUTI			
FIRST NAME	ROBERTO	JR		
MIDDLE NAME	VILLAMOR			
25. MOTHER'S MAIDEN NAME	ARLENE C. OLIVA			
SURNAME	OLIVA			
FIRST NAME	ARLENE			
MIDDLE NAME	CAPUA		(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	DAKUTAN CENTRAL ELEMENTARY SCHOOL	PRIMARY EDUCATION	05/06/2001	07/04/2007		2007	VALEDITORIAN
SECONDARY	BAYUGAN NATIONAL COMPREHENSIVE HIGH SCHOOL	HIGH SCHOOL	04/06/2007	05/04/2011		2011	SALUTATORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	MINDANAO STATE UNIVERSITY- ILIGAN INSTITUTE OF TECHNOLOGY	BS IN CHEMICAL ENGINEERING	04/06/2011	15/06/2016		2016	MAGNA CUM LAUDE
GRADUATE STUDIES	ASIAN INSTITUTE OF TECHNOLOGY	MASTER OF SCIENCE IN BIO-NANO MATERIAL SCIENCE AND ENGINEERING	09/08/2021	31/05/2023	N/A	2023	THE JAMES LINEN III

(Continue on separate sheet if necessary)

SIGNATURE	<i>Anthony O. Maputi</i> ANTHONY O. MAPUTI	DATE	AUGUST 08, 2023
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

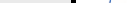
(Continue on separate sheet if necessary)

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	 ANTHONY O. MAPUTI
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Anthony O. Maputi
ANTHONY O. MAPUTI

DATE

August 8, 2023

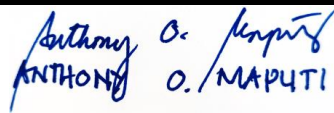
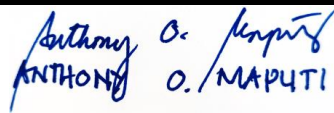
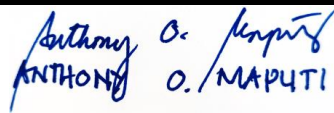
[illegible]

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
					PHILIPPINE INSTITUTE OF CHEMICAL ENGINEERS- ILIGAN BAY CHAPTER
					COUPLES FOR CHRIST-SINGLES FOR CHRIST

SIGNATURE		 Anthony A. Marple		DATE		August 8, 2023	
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career 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>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: center;">Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">FINISHED CONTRACT</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. MA. SHEILA K. RAMOS</td> <td>Atis St., Bayug, Tambo, Iligan City</td> <td>9975920876</td> </tr> <tr> <td>DR. ARNOLD A. LUBGUBAN</td> <td>Dalipuga, Iligan City</td> <td>9452078160</td> </tr> <tr> <td>ENGR. ROSAL JANE R. BAYOR</td> <td>Bagong Silang, Iligan City</td> <td>9688992149</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. MA. SHEILA K. RAMOS	Atis St., Bayug, Tambo, Iligan City	9975920876	DR. ARNOLD A. LUBGUBAN	Dalipuga, Iligan City	9452078160	ENGR. ROSAL JANE R. BAYOR	Bagong Silang, Iligan City	9688992149
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PASSPORT</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>P6409359B</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>CAGAYAN DE ORO</td> </tr> </table>	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.:	P6409359B	Date/Place of Issuance:	CAGAYAN DE ORO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) 08/08/2023 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) 08/08/2023 Date Accomplished	
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 100px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													



PHOTO

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