

# 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	CABAL			
FIRST NAME	JOHN LOUISE		NAME EXTENSION (JR., SR)	
MIDDLE NAME	ROSALES			
3. DATE OF BIRTH (mm/dd/yyyy)	09/22/1998	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	INOPACAN, LEYTE	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:			
7. HEIGHT (m)	1.56	17. RESIDENTIAL ADDRESS	SAN ANTONIO	
8. WEIGHT (kg)	74		House/Block/Lot No.	Street
9. BLOOD TYPE			POBLACION	Barangay
10. GSIS ID NO.			INOPACAN	LEYTE
11. PAG-IBIG ID NO.		ZIP CODE	6522	
12. PHILHEALTH NO.		18. PERMANENT ADDRESS	SAN ANTONIO	
13. SSS NO.			House/Block/Lot No.	Street
14. TIN NO.			POBLACION	Barangay
15. AGENCY EMPLOYEE NO.	N/A		INOPACAN	LEYTE
16. CITIZENSHIP		ZIP CODE	6522	
17. RESIDENTIAL ADDRESS		19. TELEPHONE NO.	N/A	
18. PERMANENT ADDRESS		20. MOBILE NO.	+639611414733	
19. TELEPHONE NO.		21. E-MAIL ADDRESS (if any)	<a href="mailto:jlcabal38@gmail.com">jlcabal38@gmail.com</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	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	CABAL			02/08/1972
FIRST NAME	DOMINIQUE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ABREA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ROSALES			
FIRST NAME	JUDITH			12/21/1969
MIDDLE NAME	CARABALLE		(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 MENTOR
			From	To			
ELEMENTARY	INOPACAN CENTRAL SCHOOL	BASIC EDUCATION (ELEMENTARY)	2005	2011		2011	4TH HONORABLE MENTION
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	BASIC EDUCATION (HIGH SCHOOL)	2011	2015		2015	N/A
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 CHEMISTRY	2015	2020			DOST
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 5, 2022
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[illegible]

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

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

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	JULY 5, 2022

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JULY 5, 2022

## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Training Program Name	
2. Training Program Description	
3. Training Program Dates	
4. Training Program Location	
5. Training Program Facilitator	
6. Training Program Objectives	
7. Training Program Outcomes	
8. Training Program Evaluation	
9. Training Program Feedback	
10. Training Program Follow-up	
11. Training Program Impact	
12. Training Program Sustainability	
13. Training Program Replicability	
14. Training Program Scalability	
15. Training Program Transferability	
16. Training Program Generalizability	
17. Training Program External Validity	
18. Training Program Internal Validity	
19. Training Program Reliability	
20. Training Program Validity	
21. Training Program Effectiveness	
22. Training Program Efficiency	
23. Training Program Economy	
24. Training Program Equity	
25. Training Program Inclusion	
26. Training Program Participation	
27. Training Program Engagement	
28. Training Program Motivation	
29. Training Program Commitment	
30. Training Program Loyalty	
31. Training Program Dedication	
32. Training Program Passion	
33. Training Program Enthusiasm	
34. Training Program Energy	
35. Training Program Focus	
36. Training Program Determination	
37. Training Program Persistence	
38. Training Program Perseverance	
39. Training Program Resilience	
40. Training Program Adaptability	
41. Training Program Flexibility	
42. Training Program Creativity	
43. Training Program Innovation	
44. Training Program Problem Solving	
45. Training Program Decision Making	
46. Training Program Communication	
47. Training Program Collaboration	
48. Training Program Teamwork	
49. Training Program Leadership	
50. Training Program Management	
51. Training Program Organization	
52. Training Program Planning	
53. Training Program Execution	
54. Training Program Monitoring	
55. Training Program Evaluation	
56. Training Program Improvement	
57. Training Program Innovation	
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95. Training Program Management	
96. Training Program Organization	
97. Training Program Planning	
98. Training Program Execution	
99. Training Program Monitoring	
100. Training Program Evaluation	

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(Continue on separate sheet if necessary)

#### VIII. OTHER INFORMATION

[illegible]

*(Continue on separate sheet if necessary)*

SIGNATURE		DATE	JULY 5, 2022
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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> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO         </div> <p>a. within the third degree?</p> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO         </div> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO         </div>	<p>If YES, give details:</p> <hr/>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO         </div> <p>b. Have you been criminally charged before any court?</p> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO         </div>	<p>If YES, give details:</p> <hr/> <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> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO         </div>	<p>If YES, give details:</p> <hr/>												
<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> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO         </div>	<p>If YES, give details:</p> <hr/>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO         </div> <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> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO         </div>	<p>If YES, give details: _____</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p> <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO         </div>	<p>If YES, give details (country):</p> <hr/>												
<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>If YES, please specify: _____</p> <p>If YES, please specify ID 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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>RONALD ARLET P. VILLABER</td> <td>BAYBAY CITY, LEYTE</td> <td>(+1) 234-863-0617</td> </tr> <tr> <td>MARIA ROBELYN INSIK</td> <td>BAYBAY CITY, LEYTE</td> <td>9179640037</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	RONALD ARLET P. VILLABER	BAYBAY CITY, LEYTE	(+1) 234-863-0617	MARIA ROBELYN INSIK	BAYBAY CITY, LEYTE	9179640037			
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RONALD ARLET P. VILLABER	BAYBAY CITY, LEYTE	(+1) 234-863-0617											
MARIA ROBELYN INSIK	BAYBAY CITY, LEYTE	9179640037											
<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>													
<div style="border: 1px solid black; padding: 2px;"> <p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID:    <b>PRC License</b></p> <p>ID/License/Passport No.:    <b>0003756</b></p> <p>Date/Place of Issuance:    <b>10/21/2019</b></p> </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Signature (Sign inside the box)</p> <p><b>JULY 5, 2022</b></p> <p>Date Accomplished</p> </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Right Thumbmark</p> </div>											
<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: 300px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;"> <p>Person Administering Oath</p> </div>													