

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	MARTIREZ		NAME EXTENSION (JR., SR.)														
FIRST NAME	CARIN																
MIDDLE NAME	BORJA																
3. DATE OF BIRTH (mm/dd/yyyy)	05/29/1996	19. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship														
4. PLACE OF BIRTH	DAGAMI, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization														
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country.														
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	<table border="1"> <tr> <td>NA</td> <td>NA</td> </tr> <tr> <td>House/Block/No.</td> <td>Street</td> </tr> <tr> <td>NA</td> <td>GUADALUPE</td> </tr> <tr> <td>Subdivision/Village</td> <td>Barangay</td> </tr> <tr> <td>BAYBAY</td> <td>LEYTE</td> </tr> <tr> <td>City/Municipality</td> <td>Province</td> </tr> <tr> <td>ZIP CODE</td> <td>6525</td> </tr> </table>	NA	NA	House/Block/No.	Street	NA	GUADALUPE	Subdivision/Village	Barangay	BAYBAY	LEYTE	City/Municipality	Province	ZIP CODE	6525
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7. HEIGHT (m)	1.65	18. PERMANENT ADDRESS	<table border="1"> <tr> <td>NA</td> <td>NA</td> </tr> <tr> <td>House/Block/No.</td> <td>Street</td> </tr> <tr> <td>NA</td> <td>CAMONAN</td> </tr> <tr> <td>Subdivision/Village</td> <td>Barangay</td> </tr> <tr> <td>DAGAMI</td> <td>LEYTE</td> </tr> <tr> <td>City/Municipality</td> <td>Province</td> </tr> <tr> <td>ZIP CODE</td> <td>6515</td> </tr> </table>	NA	NA	House/Block/No.	Street	NA	CAMONAN	Subdivision/Village	Barangay	DAGAMI	LEYTE	City/Municipality	Province	ZIP CODE	6515
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ZIP CODE	6515																
8. WEIGHT (kg)	55	19. TELEPHONE NO.	NA														
9. BLOOD TYPE	B+	20. MOBILE NO.	0927-273-3441, 0938-004-6624														
10. GSIS ID NO.	NA	21. E-MAIL ADDRESS (if any)	carinborja@gmail.com														
11. PAG-IBIG ID NO.	NA																
12. PHILHEALTH NO.	13-250450344-9																
13. SSS NO.	NA																
14. TIN NO.	739-584-394																
15. AGENCY EMPLOYEE NO.	NA																

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MARTIREZ		23. NAME OF CHILDREN (Write full name and last off)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MELVINCE	NAME EXTENSION (JR., SR.)	NA	NA
MIDDLE NAME	ROM		NA	
OCCUPATION	GOVT EMPLOYEE			
EMPLOYER/BUSINESS NAME	DA-RFO 8			
BUSINESS ADDRESS	KANHURAW HILL, TACLOBAN CITY			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	BORJA			
FIRST NAME	MELCHOR	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	LEBRIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	MADALINA			
FIRST NAME	PORFERIA			
MIDDLE NAME	GARCELAZO			







(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	CAMONAN ELEMENTARY SCHOOL	NA	00/06/2002	00/03/2008	NA	2008	1st honors
SECONDARY	PATOC NATIONAL HIGH SCHOOL	NA	00/06/2008	00/03/2012	NA	2012	NA
VOCATIONAL / TRADE COURSE	NA						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE	00/06/2012	13/04/2012	NA	2016	Cum Laude
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE major in Agronomy, minor in Agric Extension	00/01/2017	present	2nd Year		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/13/2022
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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> <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> <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>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>Resignation, non-renewal of 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>Juanito M. Baring</td> <td>Ormoc City, Leyte</td> <td>NA</td> </tr> <tr> <td>Ulysses A. Cagasan</td> <td>Baybay City, Leyte</td> <td>NA</td> </tr> <tr> <td>Dionesio M. Bañoc</td> <td>Baybay City, Leyte</td> <td>NA</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Juanito M. Baring	Ormoc City, Leyte	NA	Ulysses A. Cagasan	Baybay City, Leyte	NA	Dionesio M. Bañoc	Baybay City, Leyte	NA
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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>													
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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: 50px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													