

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	OLIVEROS		
FIRST NAME	MARIA CRISANDRA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	DE GUIA		
3. DATE OF BIRTH (mm/dd/yyyy)	4/24/91	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	MEYCAUAYAN, BULACAN	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	ZONE 3 House/Block/Lot No. Street CARIDAD Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	4'9	18. PERMANENT ADDRESS	ZONE 3 House/Block/Lot No. Street CARIDAD Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	47	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	A+	20. MOBILE NO.	09562108090
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	mariah.oliveros15@gmail.com
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-201995728-8		
13. SSS NO.	N/A		
14. TIN NO.	496-436-054-000		
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	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	OLIVEROS		N/A	N/A
FIRST NAME	CELESTINO	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	ESTREMOS		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	DE GUIA		N/A	N/A
FIRST NAME	MARIA MARITA		N/A	N/A
MIDDLE NAME	BASTASA		(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	CARIDAD ELEMENTARY SCHOOL	PRIMARY EDUCATION	1998	2004	N/A	2004	N/A
SECONDARY	CARIDAD NATIONAL HIGH SCHOOL	HIGH SCHOOL	2004	2008	N/A	2008	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 AGRICULTURE	2010	2016	N/A	2016	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN HORTICULTURE	2016	2018	N/A	2018	SSCEBU

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/12/21
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