

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	DAJAO		
FIRST NAME	FRANCES LOUISE		NAME EXTENSION (JR., SR)
MIDDLE NAME	BASALO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/16/1998	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	BAYBAY CITY, 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	586 30 DE DICIEMBRE ST. House/Block/Lot No. Street POBLACION ZONE 18 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.65m	18. PERMANENT ADDRESS	586 30 DE DICIEMBRE ST. House/Block/Lot No. Street POBLACION ZONE 18 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
8. WEIGHT (kg)	70kg	19. TELEPHONE NO.	
9. BLOOD TYPE		20. MOBILE NU.	0933-524-0629
10. GSIS ID NO.		21. E-MAIL ADDRESS (if any)	louisebasalo4gmail.com
11. PAG-IBIG ID NO.	121259775485		
12. PHILHEALTH NO.	132503384799		
13. SSS NO.			
14. TIN NO.	000-000-000-0000		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)			
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DAJAO			
FIRST NAME	FRANCISCO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	POLO			
25. MOTHER'S MAIDEN NAME				
SURNAME	BASALO			
FIRST NAME	MARIA LUISA			
MIDDLE NAME	LELIS		(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	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BASIC EDUCATION	6/6/2005	3/19/2011		2011	
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BASIC EDUCATION	6/6/2011	3/21/2015		2015	
VOCATIONAL / TRADE COURSE							
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF SCIENCE IN ACCOUNTING TECHNOLOGY	6/8/2015	5/24/2019		2019	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	APRIL 08, 2021
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	ASSESSMENT-UNIVERSITY OF SAN CARLOS	5/2/2018	8/4/2018	450.0	ON-THE-JOB TRAINEE-ASSISTANT OF ASSESSMENT IN-CHARGE










VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

VIII. OTHER INFORMATION

[illegible]

SIGNATURE		DATE	April 08, 2021
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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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: END OF TERM → PANDEMIC												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No:												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>MRS. LOUELLA C. ABIPAC</td><td>J.P Laurel St, Baybay City Leyte</td><td>0917-542-3297</td></tr><tr><td>MRS. RAQUEL H. DOHILING</td><td></td><td>0917-310-8067</td></tr><tr><td>MRS. ABRILYN M. SAROMINES</td><td>LAHUG, CEBU CITY, CEBU</td><td>0939-379-4944</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	MRS. LOUELLA C. ABIPAC	J.P Laurel St, Baybay City Leyte	0917-542-3297	MRS. RAQUEL H. DOHILING		0917-310-8067	MRS. ABRILYN M. SAROMINES	LAHUG, CEBU CITY, CEBU	0939-379-4944
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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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PhilHealth</td></tr><tr><td>ID/License/Passport No.: 13-250338479-9</td></tr><tr><td>Date/Place of Issuance: BAYBAY CITY LEYTE</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: PhilHealth	ID/License/Passport No.: 13-250338479-9	Date/Place of Issuance: BAYBAY CITY LEYTE	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>APRIL 08, 2021</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	APRIL 08, 2021	Date Accomplished				
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>_____ Person Administering Oath</td></tr></table>		_____ Person Administering Oath											
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