

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	ABOY			
FIRST NAME	EDGAR JOEL		N/A	
MIDDLE NAME	FACTOR			
3. DATE OF BIRTH (mm/dd/yyyy)	01/14/1978	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	BORONGAN E. SAMAR	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	075 House/Block/Lot No. Street CABONG Subdivision/Village Barangay BORONGAN CITY EASTERN SAMAR City/Municipality Province	
7. HEIGHT (m)	1.5	ZIP CODE	6800	
8. WEIGHT (kg)	77	18. PERMANENT ADDRESS	075 House/Block/Lot No. Street CABONG Subdivision/Village Barangay BORONGAN CITY EASTERN SAMAR City/Municipality Province	
9. BLOOD TYPE	O		ZIP CODE	6800
10. GSIS ID NO.	N/A			
11. PAG-IBIG ID NO.	102001773242			
12. PHILHEALTH NO.	010505724378			
13. SSS NO.	0618470527	19. TELEPHONE NO.	N/A	
14. TIN NO.	933678637	20. MOBILE NO.	09228011478	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	ejoel2005@yahoo.com	

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	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ABOY (deceased)			
FIRST NAME	EDGAR	N/A		
MIDDLE NAME	BEATO			
25. MOTHER'S MAIDEN NAME				
SURNAME	FACTOR			
FIRST NAME	YOLANDA			
MIDDLE NAME	BEATO		(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	BORONGAN PILOT ELEMENTARY SCHOOL	ELEMENTARY	1984	1990	GRADUATED	1990	N/A
SECONDARY	EASTERN SAMAR NATIONAL COMPREHENSIVE HIGH SCHOOL	HIGHSCHOOL	1990	1994	GRADUATED	1994	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF CEBU - MAIN	BS COMPUTER ENGINEERING	1994	2004	GRADUATED	2004	N/A
	PAMANTASAN NG LUNGSOD NG MAYNILA	BACHELOR IN BUSINESS MANAGEMENT	2015	2017	GRADUATED	2017	N/A
GRADUATE STUDIES	PAMANTASAN NG LUNGSOD NG MAYNILA	MASTER IN BUSINESS ADMINISTRATION	2015	2018	GRADUATED	2018	N/A
GRADUATE STUDIES	EASTERN VISAYAS STATE UNIVERSITY	DOCTOR IN MANAGEMENT TECHNOLOGY MAJOR IN PUBLIC RESOURCE MANAGEMENT	2020	Present			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11/6/2020
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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]


[illegible][illegible]

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
ORDER MANAGEMENT	GBFS AWARD	EMPLOYEE HEALTH AND SAFETY
PROJECT MANAGEMENT	BRIGHTSPOT AWARD	EMERGENCY RESPONSE TEAM
CUSTOMER SERVICE	PRISM AWARD	PEOPLE TEAM
ORACLE ERP		
SAP ERP		
MICROSOFT EXCEL, POWERPOINT, WORD		

SIGNATURE		DATE	11/06/2020
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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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)? <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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>b. Have you been criminally charged before any court? <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? <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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>													
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>													
<p>39. Have you acquired the status of an immigrant or permanent resident of another country? <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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b. Are you a person with disability? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>c. Are you a solo parent? <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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>CHEYNEY A. IBARBIA</td> <td>BRGY. TABUNAN, BORONGAN CITY</td> <td>9266303486</td> </tr> <tr> <td>MA. ALICIA DEVORA</td> <td>BRGY. CABONG, BORONGAN CITY</td> <td>9665668492</td> </tr> <tr> <td>MICHELLE PROMENTILA</td> <td>SUNPOWER, LAGUNA</td> <td>9988673525</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	CHEYNEY A. IBARBIA	BRGY. TABUNAN, BORONGAN CITY	9266303486	MA. ALICIA DEVORA	BRGY. CABONG, BORONGAN CITY	9665668492	MICHELLE PROMENTILA	SUNPOWER, LAGUNA	9988673525
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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>													

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.: P2355292A
Date/Place of Issuance: 03/16/2017 - DFA NCR SOUTH



Signature (Sign inside the box)

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath