

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	SAYRE		
FIRST NAME	ARNIE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CAÑAS		
3. DATE OF BIRTH (mm/dd/yyyy)	10/2/1997	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Quezon City, Manila	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
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	0145 Sitio Tinago House/Block/Lot No. Street Candadam Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (cm)	154	ZIP CODE	6521
8. WEIGHT (kg)	78		
9. BLOOD TYPE		18. PERMANENT ADDRESS	0145 Sitio Tinago House/Block/Lot No. Street Candadam Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	13-250363162-1	19. TELEPHONE NO.	
13. SSS NO.		20. MOBILE NO.	09207086137
14. TIN NO.		21. E-MAIL ADDRESS (if any)	arniecanas12@gmail.com
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SAYRE		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOSHUA	NAME EXTENSION (JR., SR)	Josiah Aedam C. Sayre	08/22/2023
MIDDLE NAME	MONDERONDO			
OCCUPATION	DELIVERY RIDER			
EMPLOYER/BUSINESS NAME	PASSFAST BAYBAY			
BUSINESS ADDRESS	ZONE 15 BAYBAY LEYTE			
TELEPHONE NO.	053-830-0650			
24. FATHER'S SURNAME	SAYRE			
FIRST NAME	GREG	NAME EXTENSION (JR., SR)		
MIDDLE NAME	IMBO			
25. MOTHER'S MAIDEN NAME				
SURNAME	MONDERONDO			
FIRST NAME	VIOLETA			
MIDDLE NAME	GUZMAN		(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	BAYBAY II CENTRAL SCHOOL	BASIC EDUCATION	8/6/2009	2/4/2010	Graduated	2010	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	3/6/2013	4/4/2014	Graduated	2014	N/A
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	12/6/2023	06/15/2023	Graduated	2018	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
-----------	--	------	--

[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]

(Continue on separate sheet if necessary)

<i>SIGNATURE</i>		<i>DATE</i>	
------------------	--	-------------	--

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N/A	N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	REGIONAL YOUTH LEADERS FOR LEADERS FOR PEACE SUMMIT	12/13/2021	12/17/2021			UNIFY
	1ST ECHO FOLK DANCE WORK SHOP	3/7/2015	5/7/2015			INSTITUTE OF HUMAN KINETICS
	PILOT TESTING OF SK CONTINUING TRAINING MODULE ON RESOURSE AND YOUTH MOBILIZATION	08/27/2019	08/30/2019			NATIONAL YOUTH COMMISSION
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	Cooking		Cookery NCII Holder			
	Computer Literacy					
(Continue on separate sheet if necessary)						
SIGNATURE			DATE			

<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 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> <hr/> <p><input type="checkbox"/> YES <input 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 type="checkbox"/> YES <input checked="" 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)?</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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>MARK MICHAEL UNLU-CAY</td> <td>SK FEDERATION PRESIDENT BAYBAY LEYTE</td> <td></td> </tr> <tr> <td>ROGELIO A.SON</td> <td>BRGY.CANDADAM CHAIRMAN</td> <td></td> </tr> <tr> <td>IRISH N. CATA CUTAN</td> <td>SK BRGY. COGON</td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	MARK MICHAEL UNLU-CAY	SK FEDERATION PRESIDENT BAYBAY LEYTE		ROGELIO A.SON	BRGY.CANDADAM CHAIRMAN		IRISH N. CATA CUTAN	SK BRGY. COGON	
NAME	ADDRESS	TEL. NO.											
MARK MICHAEL UNLU-CAY	SK FEDERATION PRESIDENT BAYBAY LEYTE												
ROGELIO A.SON	BRGY.CANDADAM CHAIRMAN												
IRISH N. CATA CUTAN	SK BRGY. COGON												
<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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></td> </tr> <tr> <td>Government Issued ID: PROFESSIONAL TEACHER</td> </tr> <tr> <td>ID/License/Passport No.:</td> </tr> <tr> <td>Date/Place of Issuance:</td> </tr> </table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>	Government Issued ID: PROFESSIONAL TEACHER	ID/License/Passport No.:	Date/Place of Issuance:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; vertical-align: bottom;">Signature (Sign inside the box)</td> </tr> <tr> <td>Date Accomplished</td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>													
Government Issued ID: PROFESSIONAL TEACHER													
ID/License/Passport No.:													
Date/Place of Issuance:													
Signature (Sign inside the box)													
Date Accomplished													
<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: 100px; margin: 10px auto; text-align: center; padding-top: 40px;"> <p>Person Administering Oath</p> </div>													

ID picture taken within the last 6 months
4.5 cm. X 3.5 cm
(passport size)

Computer generated or photocopied picture is not acceptable

PHOTO

Right Thumbmark