

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. CSIS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	DULOSA		
FIRST NAME	MICHELLE		NAME EXTENSION (JR., SR.)
MIDDLE NAME	GIMENEZ		N/A
3. DATE OF BIRTH (mm/dd/yyyy)	11/25/1998	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	ALBUERA, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	375 N/A House/Block/Lot No. Street SMO KATIPUNAN BRGY. SAN PEDRO Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province
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:	18. PERMANENT ADDRESS	37C N/A House/Block/Lot No. Street SMO KATIPUNAN BRGY. SAN PEDRO Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province
7. HEIGHT (m)	1.61 m	19. TELEPHONE NO.	N/A
8. WEIGHT (kg)	50 kg	20. MOBILE NO.	+639951480472
9. BLOOD TYPE	TYPE O	21. E-MAIL ADDRESS (if any)	dulosamichelle@gmail.com
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A		
14. TIN NO.	N/A		
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			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	DULOSA			
FIRST NAME	GERARDO	NAME EXTENSION (JR., SR.)	N/A	
MIDDLE NAME	BALBARINO			
25. MOTHER'S MAIDEN NAME				
SURNAME	GIMENEZ			
FIRST NAME	MA. GINA			
MIDDLE NAME	PRONCO			

(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	ALBUERA NORTH CENTRAL SCH.	ELEMENTARY EDUC.	2005	2011	N/A	2011	N/A
SECONDARY	DR. GERONIMO B. BALDIAR MEMORIAL SCHOOL OF FISHERIES	HIGH SCHOOL EDUC.	2011	2015	N/A	2015	2ND HON. MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRICULTURAL ENGINEERING	2015	2020	N/A	2020	
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE	SEPT. 17, 2020
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE







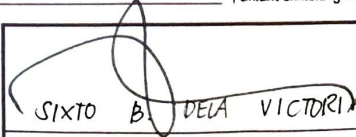
DATE _____

SEPT. 17, 2020

[illegible][illegible]

VIII. OTHER INFORMATION		
31. SPECIAL SKILLS AND HOBBIES	32. NEAR ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
PROFICIENT IN MS OFFICE	N/A	PHIL. SOC. OF AGRICULTURAL ENGINEERS
PROFICIENT IN AUTOCAD		
ATTENDED VARIOUS TRAININGS		
(Continue on separate sheet if necessary)		
SIGNATURE	DATE	SEPT. 17, 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?</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 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>PROF. ARTHUR IT. TAMBOG</td><td>VSU, BAYBAY CITY, LEYTE</td><td>09211951438</td></tr><tr><td>ASS. PROF. MANUEL E. CASANGCAPAN</td><td>VSU, BAYBAY CITY, LEYTE</td><td>0925 942 1961</td></tr><tr><td>MS. SOPHIA NOREENE ONATE</td><td>BRGY. XANTIPOLLO, ALBUERA, LEYTE</td><td>09778205581</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	PROF. ARTHUR IT. TAMBOG	VSU, BAYBAY CITY, LEYTE	09211951438	ASS. PROF. MANUEL E. CASANGCAPAN	VSU, BAYBAY CITY, LEYTE	0925 942 1961	MS. SOPHIA NOREENE ONATE	BRGY. XANTIPOLLO, ALBUERA, LEYTE	09778205581
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td></tr><tr><td style="padding: 2px;">PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td style="padding: 2px;">Government Issued ID:</td></tr><tr><td style="padding: 2px;">ID/License/Passport No.:</td></tr><tr><td style="padding: 2px;">Date/Place of Issuance:</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:	ID/License/Passport No.:	Date/Place of Issuance:	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center; padding: 10px;"> Signature (Sign inside the box) SEPT. 17, 2020 Date Accomplished</td></tr></table>	 Signature (Sign inside the box) SEPT. 17, 2020 Date Accomplished						
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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="text-align: center; margin-top: 20px;"> SIXTO B. DELA VICTORIA Person Administering Oath</div>													



Right Thumbmark