

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	ARPOCEPLE		
FIRST NAME	ROBERTO	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	SANCHEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	SEPTEMBER 14, 1977	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 checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street GUADALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	5'3"	ZIP CODE	6521
8. WEIGHT (kg)	78		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	P2 House/Block/Lot No. Street GUADALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-200733388-2		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	930-232-641	20. MOBILE NO.	09552064968
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	N/A

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ARPOCEPLE		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ELVIRA	NAME EXTENSION (JR., SR) N/A	ROMEL C. ARPOCEPLE	09/23/2001
MIDDLE NAME	COSARE		AILYN C. ARPOCEPLE	09/20/2003
OCCUPATION	HOUSEWIFE			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	DECEASED			
FIRST NAME	N/A			
MIDDLE NAME	N/A			
25. MOTHER'S MAIDEN NAME	DECEASED			
SURNAME	N/A			
FIRST NAME	N/A			
MIDDLE NAME	N/A			
(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	ALTERNATIVE LEARNING SCHOOL	ELEMENTARY EDUCATION	2023	PRESENT			
SECONDARY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)							

SIGNATURE		DATE	JANUARY 19,2024
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