

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	SUBERE		
FIRST NAME	ELAIZA JANE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CEPRIA		
3. DATE OF BIRTH (mm/dd/yyyy)	12/14/1999	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	COTABATO CITY	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	Jupiter House/Block/Lot No. Street Nashville Talamban Subdivision/Village Barangay Cebu City Cebu City/Municipality Province
7. HEIGHT (m)	1.52	ZIP CODE	6000
8. WEIGHT (kg)	52		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street Purok Kagnayan General Paulino Santos Subdivision/Village Barangay Koronadal South Cotabato City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	9506
11. PAG-IBIG ID NO.	121333781185		
12. PHILHEALTH NO.	12-026185129-1		
13. SSS NO.	N/A	19. TELEPHONE NO.	0905 971 7939
14. TIN NO.	731-108-571	20. MOBILE NO.	0951 306 9237
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	elaizajanesubere@gmail.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		NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	SUBERE			
FIRST NAME	JULIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SOLIDARIOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	CEPRIA			
FIRST NAME	EMERLINA			
MIDDLE NAME	LINAWAGAN			
(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	VILLARICA ELEMENTARY SCHOOL	Elementary Graduate	2006	2012		2012	
SECONDARY	KING'S COLLEGE OF ISULAN	Senior Highschool Graduate	2016	2018		2018	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	
COLLEGE	MINDANAO STATE UNIVERSITY - GENERAL SANTOS CITY	BS MECHANICAL ENGINEERING	2018	2022		2022	DOST-SEI RA 7687 & RD SCHOLAR
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS	MS MECHANICAL ENGINEERING	2023	2024		2025	DOST-SEI ERDT

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/16/2024
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IV. CIVIL SERVICE ELIGIBILITY						
<div>27.</div>	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)		
				NUMBER	Date of Validity	
	Mechanical Engineer Licensure Examination	79.9	02/26-27/2023	Cebu City	0117817	12/14/2026

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	12/16/2024
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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		
	Mindanao State University - General Santos City Association of DOST Scholars	2021	2022		President
	Filipino Patriot Scholars Project - Health Sector	2020	2022		Marketing Committee







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

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Technical Proficiency in Laboratory Equipment (i.e., Oxygen Bomb Calorimeter, Cleveland Open Cup Apparatus, Saybolt Viscometer)	Dean's Lister (2021-2022)	Mindanao State University - General Santos City Association of DOST Scholars
Organizational Project Management		Filipino Patriot Scholars Project - Health Sector
Technical and Academic Writing		Philippines Student Alliance Lay Movement
Social Media Management and Media Literacy		

SIGNATURE		DATE	12/16/2024
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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> <hr/> <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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. Michael E. Loretero</td> <td>University of San Carlos, Talamban Campus, Cebu City</td> <td>230-0100 (154)</td> </tr> <tr> <td>Dr. Virgilio Y. Abellana</td> <td>University of San Carlos, Talamban Campus, Cebu City</td> <td>230-0100 (154)</td> </tr> <tr> <td>Dr. Danilo P. Dadula</td> <td>Mindanao State University - General Santos City Campus, Fatima, GSC</td> <td>083-380-7187</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Michael E. Loretero	University of San Carlos, Talamban Campus, Cebu City	230-0100 (154)	Dr. Virgilio Y. Abellana	University of San Carlos, Talamban Campus, Cebu City	230-0100 (154)	Dr. Danilo P. Dadula	Mindanao State University - General Santos City Campus, Fatima, GSC	083-380-7187
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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>													
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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="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													