

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,

a. within the third degree? ☐ YES ☒ NO

b. within the fourth degree (for Local Government Unit - Career Employees)? ☐ YES ☒ NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense? ☐ YES ☒ NO

If YES, give details: _____

b. Have you been criminally charged before any court? ☐ YES ☒ NO

If YES, give details:
Date Filed: _____
Status of Case/s: _____

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? ☐ YES ☒ NO

If YES, give details: _____

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? ☐ YES ☒ NO

If YES, give details: **FINISHED CONTRACT IN VSU**

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? ☐ YES ☒ NO

If YES, give details: _____

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? ☐ YES ☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country? _____

If YES, give details (country): _____

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:

a. Are you a member of any indigenous group? ☐ YES ☒ NO

If YES, please specify: _____

b. Are you a person with disability? ☐ YES ☒ NO

If YES, please specify ID No: _____

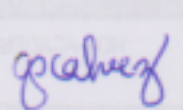

c. Are you a solo parent? _____

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
DR. ELIZABETH S. QUEVEDO	VSU, BAYBAY CITY, LEYTE	563-7747
PROF. JACOB GLENN F. JANSALIN	VSU, BAYBAY CITY, LEYTE	09178956285
MS. HELEN GRACE F. ORACION	VSU, BAYBAY CITY, LEYTE	9091013905

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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: 06-2021939-4 ID/License/Passport No.: H12-11-002046 Date/Place of Issuance: 2/3/2017 - BAYBAY CITY LEYTE	 Signature (Sign inside the box) 9-16-2021 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

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases 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 NA if not applicable. DO NOT ABBREVIATE.

PDS ID NO.

(Do not fill up for CSC use only)

I. PERSONAL DATA

2. SURNAME	CALVEZ	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
FIRST NAME	GRACE	<input checked="" type="checkbox"/> by NFP <input type="checkbox"/> by naturalization Pls. indicate country	
MIDDLE NAME	PRAMONTE		
3. DATE OF BIRTH (mm/dd/yyyy)	2/12/1977		
4. PLACE OF BIRTH	BRGY. GABAS BAYBAY CITY, LEYTE		
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/IC		
7. HEIGHT (in)	4'11"		
8. WEIGHT (kg)	52		
9. BLOOD TYPE	B		
10. OSS ID NO.	-		
11. PAG-BIG ID NO.	-		
12. PALAMATH ID NO.	95-05085492-2		
13. OSS NO.	06-2521028-4		
14. TIN NO.	915-005-595		
15. AGENCY EMPLOYEE NO.	-		
17. RESIDENTIAL ADDRESS	House/Block/Lot No. _____ PURCH. 2 _____ Street _____ BRGY. GABAS _____ Subdivision/Village _____ BAYBAY CITY _____ City/Municipality _____ LEYTE _____ Province _____ ZIP CODE _____ 601		
18. PERMANENT ADDRESS	House/Block/Lot No. _____ PURCH. 2 _____ Street _____ BRGY. GABAS _____ Subdivision/Village _____ BAYBAY CITY _____ City/Municipality _____ LEYTE _____ Province _____ ZIP CODE _____ 601		
19. TELEPHONE NO.	(03) 862 1188		
20. MOBILE NO.	0908204388		
21. E-MAIL ADDRESS (if any)	raei_gian@yahoo.com		

II. FAMILY AND DOMESTIC

22. SPOUSE'S SURNAME	CALVEZ	23. NAME OF CHILDREN (Write full name and sex)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RAFFY	RAEL ALGUNS P. CALVEZ	1/19/2002
MIDDLE NAME	OMEGA	GIAN CARLO P. CALVEZ	3/29/2005
OCCUPATION	OVERSEAS WORKER	CILO MARI P. CALVEZ	11/26/2006
EMPLOYER/BUSINESS NAME	OCEANIA DAIRY LIMITED		
BUSINESS ADDRESS	TRIMARU, NEW ZEALAND		
TELEPHONE NO.	-		
24. FATHER'S SURNAME	PRAMONTE		
FIRST NAME	ROMEO		
MIDDLE NAME	LATRAS		
25. MOTHER'S MARRIAGE NAME			
SURNAME	MOONIA		
FIRST NAME	NANCY		
MIDDLE NAME	BALOTITE		

(Continue on separate sheet if necessary)

III. EDUCATION AND TRAINING

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 AWARD/HONORS RECEIVED
			From	To			
ELEMENTARY	GABAS ELEMENTARY SCHOOL	PRIMARY EDUCATION	1983	1989		1989	SECOND HONORABLE
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	1989	1993		1993	NONE
VOCATIONAL / TRADE COURSE							
COLLEGE	VISayas STATE COLLEGE OF AGRICULTURE	BACHELOR OF SCIENCE IN AGRICULTURAL CHEMISTRY	1993	1997		1997	NONE
GRADUATE STUDIES	VISayas STATE UNIVERSITY	MASTER OF EDUCATION	2012	2016		2016	NONE

(Continue on separate sheet if necessary)

SIGNATURE	<i>grace</i>	DATE	4-16-2021
-----------	--------------	------	-----------

