

# 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 ( ) ☐ 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	PABROQUEZ		
FIRST NAME	FAITH	NAME EXTENSION (JR., SR)	
MIDDLE NAME	JERVOSO		
3. DATE OF BIRTH (mm/dd/yyyy)	11/16/1999	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	WESTERN LEYTE PROVINCIAL HOSPITAL	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	House/Block/Lot No. Street GABAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.57	ZIP CODE	6521
8. WEIGHT (kg)	55		
9. BLOOD TYPE		18. PERMANENT ADDRESS	House/Block/Lot No. Street GABAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	13-250336614-6		
13. SSS NO.		19. TELEPHONE NO.	
14. TIN NO.		20. MOBILE NO.	09996063309
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	<a href="mailto:pabroquezfaith@gmail.com">pabroquezfaith@gmail.com</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)		
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PABROQUEZ			
FIRST NAME	FREDIE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	POLO			
25. MOTHER'S MAIDEN NAME				
SURNAME	JERVOSO			
FIRST NAME	DONAH			
MIDDLE NAME	CANO		(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	GABAS CENTRAL SCHOOL						3RD HONOR
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL						WITH HONORS
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURAL AND BIOSYSTEMS ENGINEERING					CUMLAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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