

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 ABUSE. 1. CS ID No (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	EREPOL			
FIRST NAME	ANGELA MAE		NAME EXTENSION (JR., SR)	
MIDDLE NAME	LERIOS			
3. DATE OF BIRTH (mm/dd/yyyy)	12/19/2001	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	CALAMBA, LAGUNA	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:			
7. HEIGHT (m)	1.52 m	17. RESIDENTIAL ADDRESS	N/A N/A House/Block/Lot No. Street	
8. WEIGHT (kg)	45 kg		ZIP CODE	N/A PLARIDEL Subdivision/Village Barangay
9. BLOOD TYPE	N/A			BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A			
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street	
12. PHILHEALTH NO.	13-250364844-3		ZIP CODE	N/A PLARIDEL Subdivision/Village Barangay
13. SSS NO.	N/A			BAYBAY CITY LEYTE City/Municipality Province
14. TIN NO.	659-352-072-00000			6521
15. AGENCY EMPLOYEE NO.	N/A	19. TELEPHONE NO.	N/A	
		20. MOBILE NO.	09091648351	
		21. E-MAIL ADDRESS (if any)	erepol.angelamae1219@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	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	EREPOL			
FIRST NAME	PIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	FIGUERAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	LERIOS			
FIRST NAME	CAROLINA			
MIDDLE NAME	CERILLA		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	(Write in full)	DIPLOMA/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	PLARIDEL CENTRAL SCHOOL	ELEMENTARY	2008	2014		2014	2nd HONORABLE MENTION
SECONDARY	PLARIDEL NATIONAL HIGH SCHOOL	JUNIOR & SENIOR HIGH SCHOOL	2014	2020		2020	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF SECONDARY EDUCATION - FILIPINO	2020	2024		2024	MAGNA CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/03/2025
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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


[illegible]

(Continue on separate sheet if necessary)



VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/03/2025
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4. Are you related by consanguinity or affinity to the appointing or recommending chief of bureau or office or to the person who has immediate supervision over you in Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
5. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____	
6. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
7. 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
8. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
9. Have you acquired the status of an immigrant or permanent resident of another country?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____	
10. 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: Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____	
11. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)			
NAME		ADDRESS	
MR. NIÑO CLEO PELIÑO		PLARIDEL, BAYBAY CITY, LEYTE	
MRS. MA. NORMALITA LABRADOR		MASLUG, BAYBAY CITY, LEYTE	
MRS. AVELINA V. OCLINARIA		BAYBAY CITY, LEYTE	
TEL. NO.			
09606638590			
09606558839			
09202757626			
12. 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		 Signature (Sign inside the box) 07/03/2025 Date Accomplished	
Government Issued ID: NATIONAL ID			
ID/License/Passport No: 6437-0461-8673-9276			
Date/Place of Issuance: 10/25/2021 / BAYBAY CITY			
			
13. DESCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.			
<div>Person Administering Oath</div>			