

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 ( ☐ d 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	TITO		
FIRST NAME	KENNETH ADAM	NAME EXTENSION (JR, SR)	
MIDDLE NAME	GEPITULAN		
3. DATE OF BIRTH (mm/dd/yyyy)	01/17/1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	DAS, TOLEDO CITY	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 type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.68	17. RESIDENTIAL ADDRESS	1471 DASUNA House/Block/Lot No. Street DAS Subdivision/Village Barangay TOLEDO CITY CEBU City/Municipality Province
8. WEIGHT (kg)	62	ZIP CODE	
9. BLOOD TYPE	NA	18. PERMANENT ADDRESS	1471 DASUNA House/Block/Lot No. Street DAS Subdivision/Village Barangay TOLEDO CITY CEBU City/Municipality Province
10. GSIS ID NO.	NA	ZIP CODE	6038
11. PAG-IBIG ID NO.	121163599967	19. TELEPHONE NO.	NA
12. PHILHEALTH NO.	12-025499925-9	20. MOBILE NO.	(0969) 534 0525
13. 888 NO.	06-3785952-7	21. E-MAIL ADDRESS (if any)	xavier.tiz1995@gmail.com
14. TIN NO.	326-048-910-000		
15. AGENCY EMPLOYEE NO.	NA		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NA	NA
MIDDLE NAME	NA	NA	NA
OCCUPATION	NA	NA	NA
EMPLOYER/BUSINESS NAME	NA	NA	NA
BUSINESS ADDRESS	NA	NA	NA
TELEPHONE NO.	NA	NA	NA
24. FATHER'S SURNAME	TITO		
FIRST NAME	MEDEL NELSON	NAME EXTENSION (JR, SR)	
MIDDLE NAME	JOPIA		
25. MOTHER'S MAIDEN NAME			
SURNAME	GEPITULAN		
FIRST NAME	MARIA FE		
MIDDLE NAME	MONTECILLO	(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	DON ANDRES BORIANO ELEMENTARY SCHOOL	NA	2003	2008	NA	2008	NA
SECONDARY	DON ANDRES BORIANO NATIONAL HIGH SCHOOL	NA	2008	2011	NA	2011	NA
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	CEBU INSTITUTE OF TECHNOLOGY - UNIVERSITY	BACHELOR OF SCIENCE IN HOTEL AND RESTAURANT MANAGEMENT	2011	2015	NA	2015	NA
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/15/2023
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#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/15/2023
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[illegible]

(Continue on separate sheet if necessary)

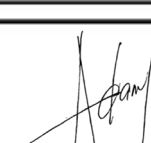


[illegible][illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/15/2023
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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? 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: _____	
35. 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: _____	
36. 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: _____	
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
38. 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: _____	
39. 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): _____	
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? b. Are you a person with disability? c. 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: _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)		
NAME	ADDRESS	TEL. NO.
HON. FRANCIS MARVIN PRAHINOG	DAS, TOLEDO CITY, CEBU	(0910) 454 7700
MS. CINDY ROSE DACULARA	TOLEDO CITY, CEBU	(0966) 746 9664
MR. JOHN VERA CRUS	CEBU CITY	(0995) 853 1402
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, 888, 888, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: 06-3785952-7 ID/License/Passport No.: P2862269B Date/Place of Issuance: 08/27/2019   DFA MANILA	<div style="text-align: center;">             Signature (Sign inside the box)            Date Accomplished: 12/15/2023         </div>	<div style="text-align: center;">             KENNETH ADAM G. TITO               Right Thumbmark         </div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;">           Person Administering Oath         </div>		