

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	SOLLER		
FIRST NAME	MARIAH KYLE	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	DITERBO		
3. DATE OF BIRTH (mm/dd/yyyy)	01/05/2001	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		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	905-A A MADRINI ST. House/Block/Lot No. Street Subdivision/Village POPULACION ZONE 1 BARAYAN CITY LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.54	18. PERMANENT ADDRESS	905-A A MADRINI ST. House/Block/Lot No. Street Subdivision/Village POPULACION ZONE 1 BARAYAN CITY LEYTE City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	70		
9. BLOOD TYPE	B		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	121358405952		
12. PHILHEALTH NO.	132503356094		
13. SSS NO.		19. TELEPHONE NO.	
14. TIN NO.	386-842-809	20. MOBILE NO.	09302838760
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	mksoller1002@gmail.com / m.soller@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NIA	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NIA	
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	SOLLER		
FIRST NAME	JOSE	NAME EXTENSION (JR., SR.)	JR.
MIDDLE NAME	KUYLES		
25. MOTHER'S MAIDEN NAME			
SURNAME	DITERBO		
FIRST NAME	MA. ARWIN		
MIDDLE NAME	CRISTO		

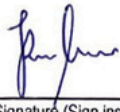

(Continue on separate sheet if necessary)

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	GRACE CHRISTIAN SCHOOL	ELEMENTARY LEVEL	2008	2014		2014	3RD. HON. MENTION
SECONDARY	VISAYAS STATE UNIVERSITY INTEGRATED HIGH SCHOOL	JUNIOR AND SENIOR HIGH SCHOOL LEVEL	2014	2020		2020	12TH RANK
VOCATIONAL / TRADE COURSE							
COLLEGE	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	BS in BUSINESS ADMINISTRATION major in FINANCIAL MANAGEMENT	2020	2024		2024	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 16, 2025
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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> <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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>SHERWINA MAE G. DAUDITE</td> <td>DANMUN CITY</td> <td>09104583906</td> </tr> <tr> <td>CHIN DIEN R. LIM</td> <td>DANMUN CITY</td> <td>09352218816</td> </tr> <tr> <td>NARLO CENONA</td> <td>DANMUN CITY</td> <td>09272006381</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	SHERWINA MAE G. DAUDITE	DANMUN CITY	09104583906	CHIN DIEN R. LIM	DANMUN CITY	09352218816	NARLO CENONA	DANMUN CITY	09272006381
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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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: POSTAL ID</p> <p>ID/License/Passport No.: PRN I05250052437 P</p> <p>Date/Place of Issuance: ORMOC CITY</p>	<p style="text-align: center;">  Signature (Sign inside the box) 07/10/2025 Date Accomplished </p>	<p style="text-align: center;">  MARIAH KYLE D. SOUER Right Thumbmark </p>											
<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: 200px; height: 50px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													