

# 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	L O R O T		
FIRST NAME	F E D E R I C O L I T O		NAME EXTENSION (JR., SR)
MIDDLE NAME	P I C A R D A L		
3. DATE OF BIRTH (mm/dd/yyyy)	01/02/1994	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	ARTECHE EASTERN SAMAR	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)	1.38 m	17. RESIDENTIAL ADDRESS	BLK 27, LOT1    DAVAO, BOHOL ST. <i>House/Block/Lot No.    Street</i> KASSEL CITY SUBD.    BRGY. 91-ABUCAY <i>Subdivision/Village    Barangay</i> TACLOBAN CITY    LEYTE <i>City/Municipality    Province</i>
8. WEIGHT (kg)	67 kg	ZIP CODE	6500
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	BLK 27, LOT1    DAVAO, BOHOL ST. <i>House/Block/Lot No.    Street</i> KASSEL CITY SUBD.    BRGY. 91-ABUCAY <i>Subdivision/Village    Barangay</i> TACLOBAN CITY    LEYTE <i>City/Municipality    Province</i>
10. GSIS ID NO.	2005259356	ZIP CODE	6500
11. PAG-IBIG ID NO.	121207703685		
12. PHILHEALTH NO.	130001229169		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	339-975-429-0000	20. MOBILE NO.	09510242510
15. AGENCY EMPLOYEE NO.	6304486	21. E-MAIL ADDRESS (if any)	<a href="mailto:federicolito.lorot@deped.gov.ph">federicolito.lorot@deped.gov.ph</a>

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	LOROT		N/A	N/A
FIRST NAME	LITO	SR	N/A	N/A
MIDDLE NAME	LAPESORA		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	PICARDAL		N/A	N/A
FIRST NAME	VILMA		N/A	N/A
MIDDLE NAME	MENGOTE			

## 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)	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	ORAS EAST CENTRAL ELEMENTARY SCHOOL	PRIMARY EDUCATION	#####	#####	GRADUATED	WITH HONOR	
SECONDARY	HOLY CROSS ACADEMY OF ORAS, INC.	HIGH SCHOOL	#####	#####	GRADUATED	WITH HONOR	
VOCATIONAL / TRADE COURSE/ POST EDUCATION	N/A	N/A	N/A	N/A	N/A	N/A	
COLLEGE	EASTERN SAMAR STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	#####	#####	GRADUATED	CHED SCHOLAR	
GRADUATE STUDIES	ASIAN DEVELOPMENT FOUNDATION COLLEGE	MAED-ENGLISH			9 UNITS	N/A	

(Continue on separate sheet if necessary)

SIGNATURE	DATE	07/27/2021
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