

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. GS ID No. (Do not fill up. For GS use only)

I. PERSONAL INFORMATION

2 SURNAME	NOGAR		
FIRST NAME	KLODINE	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	CABORNAY		
3 DATE OF BIRTH (mm/dd/yyyy)	11/30/2000	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	TACLOBAN CITY	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"/> Other/s: <input type="checkbox"/> Separated		
7 HEIGHT (m)	1.50 m	17 RESIDENTIAL ADDRESS	1007 REAL STREET House/Block/Lot No. Street SAGKAHAN 59-A Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
8 WEIGHT (kg)	37 kg	ZIP CODE	6500
9 BLOOD TYPE	AB	18 PERMANENT ADDRESS	1007 REAL STREET House/Block/Lot No. Street SAGKAHAN 59-A Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
10 GSIS ID NO	N/A	ZIP CODE	6500
11 PAG-IBIG ID NO	N/A		
12 PHILHEALTH NO	N/A		
13 SSS NO	N/A	19 TELEPHONE NO.	N/A
14 TIN NO	N/A	20 MOBILE NO.	09275892794
15 AGENCY EMPLOYEE NO.	N/A	21 E-MAIL ADDRESS (if any)	klodinecabornaynogar@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	N/A	NAME EXTENSION (JR., SR.)	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	NOGAR			
FIRST NAME	FREDERICK	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	DOMINGUEZ			
25 MOTHER'S MAIDEN NAME				
SURNAME	CABORNAY			
FIRST NAME	MA. ETHEL			
MIDDLE NAME	JAVIER		(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	RTR ELEMENTARY SCHOOL	N/A	2007	2013	N/A	2013	N/A
SECONDARY	CIRILO ROY MONTEJO NATIONAL HIGH SCHOOL	N/A	2013	2017	N/A	2017	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE NORMAL UNIVERISTY	BACHELOR IN SECONDARY EDUCATION MAJOR IN SOCIAL STUDIES	2019	2023		2023	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/19/24
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27. CAREER SERVICE / RA 1080 (BOARD / BAR) UNDER
SPECIAL LAWS / CES / CSEE
BARANGAY ELIGIBILITY / DRIVER'S LICENSE

RATING
(If Applicable)

DATE OF
EXAMINATION /
COMPLETION

PLACE OF EXAMINATION / COMMENT

1960-1961

1998

1871

(Continue on separate sheet if necessary)

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

28 INCLUSIVE DATES
(mm/dd/yyyy)

POSITION TITLE
(Write in full/Do not abbreviate)

DEPARTMENT / AGENCY / OFFICE / COMPANY
(Write in full/Do not abbreviate)

MONTHLY
SALARY

SALE PRICE \$100.00
CASH PRICE \$100.00
APPLICABLE STATE
TAXES \$0.00
TOTAL \$100.00

STATUS: APPOINTMENT

CONFIDENTIAL

From	To
------	----

To

07/10/2023

10/31/23

GOVERNMENT INTERN

DEPARTMENT OF LABOR AND EMPLOYMENT

7500.00

SIGNATURE

DATE _____

04/19/24

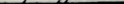
[illegible]

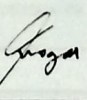


VII. LEARNING AND DEVELOPMENT (L&D) INITIATIVES/ TRAINING PROGRAMS/ RESEARCH

[illegible]

VIII. OTHER INFORMATION

[illegible]

(If continue on separate sheet if necessary)			
SIGNATURE 	DATE 4/19/24		

<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> <hr/>												
<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> <hr/> <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> <hr/>												
<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> <hr/>												
<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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>LEA P. CEBALLOS</td> <td>TACLOBAN CITY</td> <td>9951451067</td> </tr> <tr> <td>RUEL PENALOSA</td> <td>TACLOBAN CITY</td> <td>9393890731</td> </tr> <tr> <td>WAYNE LUISITO C. VELASCO</td> <td>TACLOBAN CITY</td> <td>9060064751</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	LEA P. CEBALLOS	TACLOBAN CITY	9951451067	RUEL PENALOSA	TACLOBAN CITY	9393890731	WAYNE LUISITO C. VELASCO	TACLOBAN CITY	9060064751
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WAYNE LUISITO C. VELASCO	TACLOBAN CITY	9060064751											
<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.) PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government issued ID:</p> <p>ID/License/Passport No.:</p> <p>Date/Place of Issuance:</p>	<p style="text-align: center;"></p> <p style="text-align: center;">_____ Signature (Sign inside the box)</p> <p style="text-align: center;">4-14-24 Date Accomplished</p>	<div style="text-align: center;">  KLODINE C. NAGAR PHOTO </div> <div style="text-align: center; margin-top: 20px;">  Right Thumbmark </div>											
<p>SUBSCRIBED AND SWORN to before me this APR 23 2024, at _____, Philippines his/her validly issued government ID as indicated above</p>													
<p>ATTY. EDWIN T. CHUA Notary Public Until Dec. 31, 2024 Appointment No. NC-2023-01-76 PTR No. 8789576 Roll No. 35382 JBL Lifetime No. 475723 Person Administering Oath</p>													