

# 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	PELIGRINO		
FIRST NAME	MARY LILIBETH		NAME EXTENSION (JR., SR)
MIDDLE NAME	ALBARICO		
3. DATE OF BIRTH (mm/dd/yyyy)	9 10 2020	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	POMPONAN BAYBAY CITY, LEYTE	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	House/Block/Lot No. Street POMPONAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.63 m.	ZIP CODE	6521
8. WEIGHT (kg)	54 kg.	18. PERMANENT ADDRESS	House/Block/Lot No. Street POMPONAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE		ZIP CODE	6521
10. GSIS ID NO.	NONE	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	917031096328	20. MOBILE NO.	09751300042
12. PHILHEALTH NO.	12-051528004-4	21. E-MAIL ADDRESS (if any)	ggerybeth@gmail.com
13. SSS NO.	06-3902488-4		
14. TIN NO.	1748170		
15. AGENCY EMPLOYEE NO.	NONE		

## 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	PELIGRINO			
FIRST NAME	MARY LILIBETH	NAME EXTENSION (JR., SR) JR. SR.		
MIDDLE NAME	ALBARICO			
25. MOTHER'S MAIDEN NAME				
SURNAME	ALBARICO			
FIRST NAME	LILIBETH			
MIDDLE NAME	VITUALLA		(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	POMPONAN ELEMENTARY SCHOOL	Primary Education	2002	2008	N/A	2008	N/A
SECONDARY	POMPONAN NATIONAL HIGH SCHOOL	High School	2008	2012	N/A	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN MUSIC, ARTS, PHYSICAL EDUCATION AND HEALTH	2012	2016	N/A	2016	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>(Continue on separate sheet if necessary)</i>							
<b>SIGNATURE</b>			<b>DATE</b>		August 19,2021		

#### 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)							
				DATE	August 19, 2021		

[illegible]

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

*(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)*

[illegible]

## VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE	N/A	N/A
PLAYING GUITAR	N/A	N/A
PLAYING TABLE TENNIS	N/A	N/A
DANCING	N/A	N/A
SINGING	N/A	N/A
PLAYING VOLLEYBALL	N/A	N/A

<i>SIGNATURE</i>		<i>DATE</i>	August 19, 2021
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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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">CONTACT NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. GERRY L. TORILLO</td> <td>PLARIDEL, BAYBAY CITY, LEYTE</td> <td>09176365510</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	CONTACT NO.	Dr. GERRY L. TORILLO	PLARIDEL, BAYBAY CITY, LEYTE	09176365510						
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Dr. GERRY L. TORILLO	PLARIDEL, BAYBAY CITY, LEYTE	09176365510											
<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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td>PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID: <b>PRC</b></td> </tr> <tr> <td>ID/License/Passport No.: <b>1748170</b></td> </tr> <tr> <td>Date/Place of Issuance: <b>2/06/2019 CEBU CITY</b></td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: <b>PRC</b>	ID/License/Passport No.: <b>1748170</b>	Date/Place of Issuance: <b>2/06/2019 CEBU CITY</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; vertical-align: bottom;"> <p style="text-align: center;">Signature (Sign inside the box)</p> <p style="text-align: center;">August 19, 2021</p> <p style="text-align: center;">Date Accomplished</p> </td> <td style="width: 150px; height: 100px; vertical-align: bottom;"> <p style="text-align: center;">Right Thumbmark</p> </td> </tr> </table>	<p style="text-align: center;">Signature (Sign inside the box)</p> <p style="text-align: center;">August 19, 2021</p> <p style="text-align: center;">Date Accomplished</p>	<p style="text-align: center;">Right Thumbmark</p>					
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<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: 250px; height: 50px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													