

# 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	TIDALGO		
FIRST NAME	JUNLITO		NAME EXTENSION (JR., SR)
MIDDLE NAME	MULDEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	09/24/1992	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	IPHO, MAASIN, SOUTHERN LEYTE	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:	17. RESIDENTIAL ADDRESS	BLOCK 11 LOT 20 House/Block/Lot No. Street GREEN ESTATE 2 MALAGASANG 1-F Subdivision/Village Barangay IMUS CAVITE City/Municipality Province
7. HEIGHT (m)	1.5	ZIP CODE	4103
8. WEIGHT (kg)	51		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	PUROK ESCAÑO House/Block/Lot No. Street FLODELIZ Subdivision/Village Barangay MACROHON SOUTHERN LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	5601
11. PAG-IBIG ID NO.	121211033147		
12. PHILHEALTH NO.	010522017111		
13. SSS NO.	3461267450	19. TELEPHONE NO.	0454729684
14. TIN NO.	332211458	20. MOBILE NO.	09397130205
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	jm24tidalgo@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			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	TIDALGO			
FIRST NAME	PABLITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CABEL			
25. MOTHER'S MAIDEN NAME				
SURNAME	MULDEZ			
FIRST NAME	GARDENIA			
MIDDLE NAME	GUARTE			

(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	FLODELIZ ELEMENTARY SCHOOL	GRADUATED	1999	2005	N/A	2005	SALUTATORIAN
SECONDARY	VILLA JACINTA NATIONAL VOCATIONAL HIGH SCHOOL	GRADUATED	2005	2009	N/A	2009	SALUTATORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	THE COLLEGE OF MAASIN	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJOR IN FINANCIAL MANAGEMENT	2012	2016	N/A	2016	DEAN'S LISTER
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03-05-2024
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[illegible]

## V. WORK EXPERIENCE

[illegible]

SIGNATURE

DATE \_\_\_\_\_

03-05-2024



## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/ TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Participants	
8. Objectives	
9. Key Takeaways	
10. Action Items	
11. Feedback	
12. Other Comments	

[illegible]

(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
QUICKBOOKS	N/A	N/A
SYSTEMS APPLICATION PRODUCT (SAP)		
MS OFFICE PROFICIENT		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03-05-2024
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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 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>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
JOY SERNEO	MARIKINA CITY	09976371104
RANIEL DELMORO	3203 & 3204 TYCOON CENTER, ORTIGAS CENTER, PASIG CITY	(02)966-6006
AARON ESPINOSA	SAN JUAN CITY	09179057812

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.



PHOTO



Right Thumbmark

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	
PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID: DRIVER'S LICENSE	
ID/License/Passport No.: N02-22-332969	
Date/Place of Issuance: LTO HEAD OFFICE	

<p>Signature (Sign inside the box)</p> <p>03-05-2024</p> <p>Date Accomplished</p>	
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SUBSCRIBED AND SWORN to before me this

**MAR 06 2024**

**ATTY. JOSELINE N. SUCION CPA**  
**NOTARY PUBLIC FOR ASSAULT**

UNTIL DECEMBER 31, 2025  
 U-203 CARREON C.D.

2746 ZENaida ST., POBLACION, MAKATI CITY

IBP NO. 384449/01/02/2024

PTR NO. 1007207301/02/2024

Person Administering Oath  
 MCLE COMPLIANCE NO. VII-00139/28/04-14-2025

ROLL NO. 60789

**APPOINTMENT NO. M-018**

**DOC. NO. 276**  
**PAGE NO. 52**  
**BOOK NO. 25**  
**SERIES OF 2024**