

# 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	SALDUA				
FIRST NAME	CHRISTINE	NAME EXTENSION (JR., SR)			
MIDDLE NAME	MARTINEZ				
3. DATE OF BIRTH (mm/dd/yyyy)	12/29/1991	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	ORMOC 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:				
7. HEIGHT (m)	5'2"	17. RESIDENTIAL ADDRESS	<b>BLOCK II</b> House/Block/Lot No. Street RAFI TAMBULILID Subdivision/Village Barangay ORMOG CITY LEYTE City/Municipality Province		
8. WEIGHT (kg)	78 KG			ZIP CODE	06541
9. BLOOD TYPE	O+			18. PERMANENT ADDRESS	<b>BLOCK II</b> House/Block/Lot No. Street RAFI TAMBULILID Subdivision/Village Barangay ORMOG CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A				
11. PAG-IBIG ID NO.	12-1126144-626	19. TELEPHONE NO.	N/A		
12. PHILHEALTH NO.	13-201349794-3	20. MOBILE NO.	0915-866-8071 / 0946-512-9814		
13. SSS NO.	06-3584500-9	21. E-MAIL ADDRESS (if any)	cfm.29arrow@gmail.com		
14. TIN NO.	456-999-778				
15. AGENCY EMPLOYEE NO.	02-413				

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SALDUA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	FRANZ MICHAEL	NAME EXTENSION (JR., SR)	NONE	
MIDDLE NAME	PULTA			
OCCUPATION	IT PERSONNEL			
EMPLOYER/BUSINESS NAME	LRSH CLERICAL PRINTING			
BUSINESS ADDRESS	ORMOC CITY			
TELEPHONE NO.	0965-185-4028 / 0910-233-1420			
24. FATHER'S SURNAME	MARTINEZ			
FIRST NAME	ANGELITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BERANIO			
25. MOTHER'S MAIDEN NAME				
SURNAME	FLORES			
FIRST NAME	MERLINA			
MIDDLE NAME	PANSIT		(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	ORMOC CITY CENTRAL SPED CENTER	GRADE 1 - 6	6/8/1998	3/19/2004		2004	
SECONDARY	NEW ORMOG CITY NATIONAL HIGH SCHOOL	FIRST YEAR - FOURTH YEAR	6/7/2004	3/27/2009		2009	
VOCATIONAL / TRADE COURSE							
COLLEGE	ST. PETER'S COLLEGE	BS - ACCOUNTANCY	6/8/2009	4/18/2014		2014	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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#### 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)

<i>SIGNATURE</i>		<i>DATE</i>	
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	LANDBANK OF THE PHILIPPINES	2012	2013	300.0	ON-THE-JOB-TRAINING/ CUSTOMER SERVICE/ NEW ACCOUNTS
	BUSINESS SECTION - ST. PETER'S COLLEGE	2009	2014		WORKING STUDENT/ BUSINESS OFFICE - CHART OF ACCOUNTS
	ORMOCNET	2009	2014		WORKING STUDENT/ MESSENGER or LIASON, SALES, CASHIER

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

[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)
			EVANGELIZER OF THE YEAR		ANG LINGKOD NG PANGINOON - ORMOC
			SISTER AMONG SISTERS		SERVANTS OF THE LIVING GOD - ORMOC

SIGNATURE		DATE	
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**DATE**

<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: <u>RESIGNATION FROM LAMAC MPC</u></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: 30%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>AIVY MAY D. PANTINO</td> <td>ORMOC CITY</td> <td>0931-159-8971</td> </tr> <tr> <td>ATTY. LOVEN JAKE MASIAS</td> <td>ORMOC CITY</td> <td>0976-081-8098</td> </tr> <tr> <td>BRYAN JAMES SABINO</td> <td>ORMOC CITY</td> <td>0927-860-3231</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	AIVY MAY D. PANTINO	ORMOC CITY	0931-159-8971	ATTY. LOVEN JAKE MASIAS	ORMOC CITY	0976-081-8098	BRYAN JAMES SABINO	ORMOC CITY	0927-860-3231
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #f2f2f2;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></td> </tr> <tr> <td>Government Issued ID: _____</td> </tr> <tr> <td>ID/License/Passport No.: _____</td> </tr> <tr> <td>Date/Place of Issuance: _____</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>	Government Issued ID: _____	ID/License/Passport No.: _____	Date/Place of Issuance: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 40px;">Signature (Sign inside the box)</td> </tr> <tr> <td>Date Accomplished _____</td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished _____						
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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: 300px; height: 60px; margin: 10px auto; text-align: center; padding-top: 10px;"> <p>Person Administering Oath</p> </div>													

ID picture taken within the last 6 months  
4.5 cm. X 3.5 cm  
(passport size)

Computer generated or photocopied picture is not acceptable

PHOTO

Right Thumbmark