

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	TARIPE		
FIRST NAME	ELROMER	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SALAZAR		
3. DATE OF BIRTH (mm/dd/yyyy)	09/16/1999	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input checked="" type="checkbox"/> Dual Citizenship <input checked="" 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.	Philippines
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	Siteo San Roque House/Block/Lot No. Street Liloan Subdivision/Village Barangay Ormoc Leyte City/Municipality Province
7. HEIGHT (m)	1.79	ZIP CODE	6541
8. WEIGHT (kg)	70		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	Siteo San Roque House/Block/Lot No. Street Liloan Subdivision/Village Barangay Ormoc Leyte City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6541
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	13-250718026-8		
13. SSS NO.		19. TELEPHONE NO.	
14. TIN NO.	777-313-605	20. MOBILE NO.	09510446281
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	elromertaripe@gmail.com

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		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	TARIPE			
FIRST NAME	ROGELIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PAGLINAWAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	SALAZAR			
FIRST NAME	MYRNA			
MIDDLE NAME	CALUMPAG		(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	Liloan Central School		07/04/2007	03/25/2012	Grade 6	2012	
SECONDARY	Ormoc City Senior High School	Humanities and Social Sciences	07/12/2012	04/06/2018	Grade 12	2018	With Honors
VOCATIONAL / TRADE COURSE							
COLLEGE	Visayas State University	Bachelor of Secondary Education Major in Social Studies	08/05/2018	08/12/2022	Fourth Year	2022	Cum Laude
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/27/2023
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	Asia Pacific Alliance for Disaster Managment Philippines	03/26/2022	03/27/2022	16 Hours	Workforce/ Team Working Group

(Continue on separate sheet if necessary)

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)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Democracy Bootcamp 2022	09/02/2022	09/04/2022	24 Hours		Legal Network for Truthful Election (LENTE)
	4H Explorers Camp	07/26/2022	07/28/2022	24 Hours		Agricultural Training Institute
	Introduction to Agro-Entrepreneurship	09/22/2022	09/23/2022	16 Hours		TESDA Online Program
	Receiving and Responding to Workplace Communication	09/21/2022	09/23/2022	24 Hours		TESDA Online Program
	City Youth Parliament 2021	04/07/2021	04/08/2021	16 Hours		Ormoc City Youth Development Office


(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)
	Radio Broadcasting				LOCALE Coalition Ormoc City Chapter
	Writing Short Stories				HAYAG Youth Organization
	Writing Poems				OLLC Kasanag Youth

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/27/2023
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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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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: a. Are you a member of any indigenous group?  b. Are you a person with disability?  c. Are you a solo parent?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>Bernadine April Atanacio</td><td>Baybay City, Leyte</td><td>932 592 3533</td></tr><tr><td>Christian Keruel Y. Laurente</td><td>Ormoc City, Leyte</td><td>930 624 0564</td></tr><tr><td></td><td></td><td></td></tr></table>			NAME	ADDRESS	TEL. NO.	Bernadine April Atanacio	Baybay City, Leyte	932 592 3533	Christian Keruel Y. Laurente	Ormoc City, Leyte	930 624 0564			
NAME	ADDRESS	TEL. NO.												
Bernadine April Atanacio	Baybay City, Leyte	932 592 3533												
Christian Keruel Y. Laurente	Ormoc City, Leyte	930 624 0564												
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.														
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: Postal ID</div> <div>ID/License/Passport No.: PRN 124220029047 P</div> <div>Date/Place of Issuance:</div>	<div></div> <div>Signature (Sign inside the box)</div> <div>01/27/2023</div> <div>Date Accomplished</div>	<div></div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</div>												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div></div> <div>Person Administering Oath</div>														