WARNING: Any misrepresenta	ation made in the Personal Data Sheet and th	e Work Experience Sheet	shall cause the	e filing of ad	lministrativ	e/criminal case/s	against the	person
concerned. READ THE ATTACHED GUIDE	ETO FILLING OUT THE PERSONAL DATA SH S ( ) and use separate sheet if necessary. Indicate	HEET (PDS) BEFORE ACC	OMPLISHING T	HE PDS FO			(Do not fill up. F	
PERSONAL INFORMATION								EEE
2. SURNAME	LACASA							
FIRST NAME	ALJUN BRYAN NAME EXTENSION						, SR) N/A	
MIDDLE NAME	AMISTOSO					111		
3. DATE OF BIRTH (mm/dd/yyyy)	11/6/1999	16. CITIZENSHIP		☑ Filipi	ino [	Dual Citizenship		lization
4. PLACE OF BIRTH	BRGY. SANTAN, STA. RITA, SAMAR	If holder of dual citiz	enship,			Pls. indicate c	ountry:	
5. SEX	✓ Male ☐ Female	please indicate the	details.					
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		N/A CAPTAIN INC House/Block/Lot No. N/A Subdivision/Village			OCENCIO HILVANO STREET Street SANTAN Barangay	
7. HEIGHT (m)	NONE	NONE		STA. RITA		SAMAR Province		
8. WEIGHT (kg)	NONE	ZIP CODE		city/Municipality		6718	Province	
9. BLOOD TYPE	NONE 18. PERMANENT ADDRESS N/A			CAPTAIN INOCENCIO HILVANO STREET				
10. GSIS ID NO.	NONE .		House/Block/Lot No. N/A			Street SANTAN		
			Su	Subdivision/Village STA. RITA			Barangay SAMAR	
11. PAG-IBIG ID NO.	NONE		С	City/Municipality			Province	
12. PHILHEALTH NO.	NONE	ZIP CODE		6718				
13. SSS NO.	NONE	19. TELEPHONE NO.				N/A	-	
14. TIN NO.	NONE	20. MOBILE NO.		09366589582				
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)		al	junlacas	a19@gmail.c	om	
II. FAMILY BACKGROUND					F-0-9		2 6	
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	FIRST NAME		23. NAME of CH	f CHILDREN (Write full name and list all)  NONE  NONE  NONE				
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.							1	
24. FATHER'S SURNAME	LACASA							
FIRST NAME	ALME	NAME EXTENSION (JR., SR)					WITH THE PER	
MIDDLE NAME	CEBU							
25. MOTHER'S MAIDEN NAME			1					
SURNAME	AMISTOSO							
FIRST NAME	ALICIA					1 1 -		
MIDDLE NAME	LACAMBRA	=		(Co	ontinue on se	parate sheet if neces	isary)	
III. EDUCATIONAL BACKO	ROUND				AL.	100		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF ATTENDANCE UNITS EARNEE (if not graduated		YEAR GRADUATED	SCHOLAR ACADEM HONOF RECEIV	
ELEMENTARY	STA. RITA 1 CENTRAL ELEMENTARY SCHOOL		AVA		2012	N/A	2012	NONE
SECONDARY	STA. RITA NATIONAL HIGH SCHOOL	GENERAL ACADEMIC STRAND		2012	2018	N/A	2018	WITH HONORS
VOCATIONAL / TRADE COURSE	NONE							
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF PHYSICA	BACHELOR OF PHYSICAL EDUCATION		2024	N/A	2024	NONE

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_	CIVIL SERVICE ELIGIBI	LITY				PER BUT	32233	A River	1
	CAREER SERVICE/ RA 1080	(BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	_
	SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		RMENT	NUMBER	Date of Validity
	RA 1080 (PROFESSION	AL TEACHER)	83.2	09/29/2024	TACLOBAN CITY, L	EYTE, PHIL	IPPINES	2263579	8/1/202
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-	INCLUSIVE DATES (mm/dd/yyyy)	POSITION T	ITLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format '00-0")/	STATUS OF APPOINTMENT	GOVT
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29.	NAME & ADDRESS OF C		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	(Write in fu		From	To	HUMBER OF HOURS		OSITION FRATORE OF WORK	
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II. LEARNING AND D	EVELOPMENT (L&L	D) INTERVENTIONS/TRAINING					E Art and	
			1	VE DATES OF		Type of LD		
0. TITLE OF LEARNING		TERVENTIONS/TRAINING PROGRAMS	ATT	ENDANCE	NUMBER OF HOURS	( Managerial/	CONDUCTED/ SPONSORED BY	
	(Write in fu	ll)		v(dd/yyyy)		Supervisory/ Technical/etc)	(Write in full)	
			From	То			STELLAR TRAINING CONSULTAN	
DVANCED OFFICE MANAG	EMENT AND ADMINIST	RATION SKILLS TRAINING	01/29/2025	01/31/2025	24.0	TECHNICAL	SERVICES	
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31. SPECIAL SKILL	S and HOBBIES	32. NO	N-ACADEMIC DIST		OGNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
			(W	rite in full)			(Write in full)	
PROFICIENT IN MICROSO EXCEL, POWE			NO	NE	- 1		NONE	
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PROBLEM-S							Cont Inc.	
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34.	Are you related by consanguinity or affinity to the appointing or rechief of bureau or office or to the person who has immediate super Bureau or Department where you will be apppointed,						
6	a. within the third degree?	☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit - Career E	☐ YES ☑ NO					
-			If YES, give detai	S:			
35.	a. Have you ever been found guilty of any administrative offense'		☐ YES	✓ NO			
P			If YES, give detail	TOTAL CONTROL OF THE PARTY OF T			
9							
	b. Have you been criminally charged before any court?		☐ YES	☑ NO			
į.			If YES, give detail  Date Filed:	s:			
Ł			Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of any lar	v, decree, ordinance or regulation	☐ YES	✓ NO			
	by any court or tribunal?	If YES, give details:					
80		10 PM		A State of the Contract of the			
37.	Have you ever been separated from the service in any of the folloretirement, dropped from the rolls, dismissal, termination, end of	owing modes: resignation,	YES If YES, give detail	✓ NO			
	out (abolition) in the public or private sector?	terni, imisned contract of phased	II 1ES, give detail	S. The same service of the same			
38.	a. Have you ever been a candidate in a national or local election	held within the last year (except	YES	✓ NO			
ş.,	Barangay election)?	Months National	If YES, give details:				
1	<ul> <li>b. Have you resigned from the government service during the threelection to promote/actively campaign for a national or local cand</li> </ul>		YES NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent resid		☐ YES	☑ NO			
10000		If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna C	arta for Disabled Persons (RA					
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), plea						
a.	Are you a member of any indigenous group?		YES If YES, please specify	_ ☑ NO			
b.	Are you a person with disability?		YES	/:   NO			
			If YES, please specify ID No:				
C.	Are you a solo parent?		YES If YES, please specif	V ID No:			
41,	REFERENCES (Person not related by consanguinity or affinity to applicant /appoi	ntee)					
	NAME	ADDRESS	TEL. NO.				
	ARLYN I. CORRALES, LPT	PALO, LEYTE	09606626713				
	LENNUS EZEKIEL A. PATULA, LPT	STA. RITA, SAMAR	09812256790	(3.5)			
	VIOGEFE B. SOLITARIO, LPT	TACLOBAN CITY, LEYTE	09948897339				
42.	I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent la Philippines. I authorize the agency head/authorized represental agree that any misrepresentation made in this document administrative/criminal case/s against me.	ws, rules and regulations of the lative to verify/validate the contents	Republic of the stated herein.	QL FILDUN BRYAN A. LIPCASA PHOTO			
100	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)						
	CLEASE INDICATE ID Number and Date of Issuance Severnment Issued ID: PRC ID	( ( ),					
F	Orbicanse/Passport No.: 2263579			A SOL			
H		Signature (Sign inside the bo FEBRUARY 10, 2025	) (x)	The same of the sa			
D	ate/Place of Issuance: 01/08/2025	Date Accomplished		Right Thumbmark			
	SUBSCRIBED AND SWORN to before me this 2/15/2	3 , affiant exhibit	ATTY Notary Public for	Anessa P. Trani Junessa P. Trani Junessa P. Trani Junessa P. Trani Junessa P. Trani Junessa Junessa Ju			
	BOOK NO. TIXILY		PTR OR No.	1-20valid until 12/31/2025 etime No. 016972 17- 1/2/2021 Tacloban City			
	GESESS Capasics with Cams	Person Administering Oat	MCLE VII - No.	018536 valid until 4/14/25 tima Bldg. Real St. Tacloban City			
250			TIN	257-765-050-000 CS FORM 212 (Revised 2017), Page 4 of a			

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