

# 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 use by the Commission)

## I. PERSONAL INFORMATION

2. SURNAME	ESPINA		
FIRST NAME	FRANCIS		NAME EXTENSION (JR., SR)
MIDDLE NAME	DICDICAN		
3. DATE OF BIRTH (mm/dd/yyyy)	5/3/1987	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	MAHAPLAG, LEYTE	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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Baybayon Street Pangasugan Barangay Baybay City Leyte Province
7. HEIGHT (m)	5'9"	18. PERMANENT ADDRESS	Baybayon Street Pangasugan Barangay Baybay City Leyte Province
8. WEIGHT (kg)	80kg		
9. BLOOD TYPE	O+		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	12 12 02088600	ZIP CODE	6521
12. PHILHEALTH NO.	12-050923527-4	19. TELEPHONE	N/A
13. SSS NO.		20. MOBILE NO.	09655705820
14. TIN NO.	290 206 269	21. E-MAIL ADDRESS (if any)	<a href="mailto:espinafran6@gmail.com">espinafran6@gmail.com</a>
15. AGENCY EMPLOYEE NO.	VSU		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Espina		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH
FIRST NAME	Cristina	NAME EXTENSION (JR., SR)	Jannah Devonne S. Espina	1/17/
MIDDLE NAME	Sanchez		Elnathan Dale S. Espina	9/3/
OCCUPATION	N/A		Raphael Dustin S. Espina	11/15
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	Espina			
FIRST NAME	Patricio	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Regaton			
25. MOTHER'S MAIDEN NAME				
SURNAME	Dicdican			
FIRST NAME	Rosario			
MIDDLE NAME	Dayap		(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
			From	To		
ELEMENTARY	Mahaplag Central School		6/1/1994	3/31/2002		2002
SECONDARY	Baybay National High School		6/1/2003	3/31/2007		2007
VOCATIONAL /	Don Bosco Technology Center		6/1/2008	11/31/2009		2009

COLLEGE						
GRADUATE STUDIES						
<i>(Continue on separate sheet if necessary)</i>						
<b>SIGNATURE</b>	<b>Francis D. Espina</b>		<b>DATE</b>		<b>March 16, 2021</b>	

Person

(or CSC use only)

ization



H (mm/dd/yyyy)

/2011

2014

i/2020

SCHOLARSHIP/  
ACADEMIC  
HONORS  
RECEIVED

N/A

N/A

N/A


#### 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)

<b>SIGNATURE</b>	<b>Francis D. Espina</b>		<b>March 16, 2021</b>
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[illegible]




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

29.	NAME & ADDRESS OF ORGANIZATION  (Write in full)	INCLUSIVE DATES		NUMBER OF HOURS	POSITION / NATURE OF WORK
		(mm/dd/yyyy)			
		From	To		
	Fire Fighter Volunteer	11/5/2018	11/9/2018	40 hours	Volunteer
	Knight of Columbus				Brotherhood
	Fisherrmen and Farmers Association				Livelihood Association
	Pangasugan Seaside Environmentalist				Environment Preservation Organization

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION 33. (Write in full)
Volleyball	Outstanding Parents of the Year	
Planting		

Playing Guitar		
Singing		
<i>(Continue on separate sheet if necessary)</i>		
<b>SIGNATURE</b>	<b>Francis D. Espina</b>	<b>DATE</b>
		<b>March 16, 2021</b>

<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details:</p> <hr/>																
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details:</p> <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details:</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details:</p> <hr/>																
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details:</p> <hr/>																
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details: _____</p>																
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details (country):</p> <hr/>																
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, please specify ID No: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.													<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)</p> <p>With full and handwritten name tag and signature over printed name</p> <p>Computer generated or photocopied picture is not acceptable</p> </div> <p>PHOTO</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>
NAME	ADDRESS	TEL. NO.															
<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.</p> <p>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="text-align: center;">Government Issued ID (i.e., Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td style="text-align: center;">PLEASE INDICATE ID Number and Date of Issuance</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.)	PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: _____	ID/License/Passport No.: _____	Date/Place of Issuance: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 20px;">Francis D. Espina</td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> </table>	Francis D. Espina	Signature (Sign inside the box)									
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Date/Place of Issuance: _____																	
Francis D. Espina																	
Signature (Sign inside the box)																	

Date/Place of Issuance.

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath