

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	DAING		
FIRST NAME	ANGELITO		NAME EXTENSION (JR., SR)
MIDDLE NAME	IYANA		
3. DATE OF BIRTH (mm/dd/yyyy)	08/16/1997	16. CITIZENSHIP	Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX			
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS	PUROK 7
		House/Block/Lot No.	Street
		CASILION	PLARIDEL
		Subdivision/Village	Barangay
		BAYBAY CITY	LEYTE
		City/Municipality	Province
7. HEIGHT (m)	1.64 m	ZIP CODE	
8. WEIGHT (kg)	64 kg		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	PUROK 7
		House/Block/Lot No.	Street
		CASILION	PLARIDEL
		Subdivision/Village	Barangay
		BAYBAY CITY	LEYTE
		City/Municipality	Province
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-202845778-6		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	654-493-463-00000	20. MOBILE NO.	09630165879
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	angelitod732@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		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	DAING		N/A	N/A
FIRST NAME	IRENEO	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	GUY-AB		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	IYANA		N/A	N/A
FIRST NAME	LUCENA		N/A	N/A
MIDDLE NAME	APIPI		(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	PLARIDEL CENTRAL SCHOOL	BASIC EDUCATION	2004	2010	GRADUATE	2010	N/A
SECONDARY	PLARIDEL NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2011	2016	GRADUATE	2016	N/A
VOCATIONAL /	PLARIDEL NATIONAL HIGH SCHOOL	TECHNICAL VOCATIONAL LIVELIHOOD - AUTOMOTIVE SERVICING	2016	2018	GRADUATE	2018	N/A
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN AGRONOMY	2018	2024	GRADUATE	2024	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 12, 2025
-----------	---	------	---------------

[illegible]

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)			
SIGNATURE		DATE	07/12/2025

[illegible]




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

[illegible]

VIII. OTHER INFORMATION

III. OTHER INFORMATION		
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
CROP PRODUCTION	N/A	GUARDIANS BROTHERHOOD ORGANIZATION
DATA COLLECTION		
AUTOMOTIVE SERVICING		
COOKING		
COMPUTER LITERACY		

SIGNATURE		DATE	07/12/2025
-----------	---	------	------------

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)?	If YES, give details: _____	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	If YES, give details: _____ If YES, give details: Date Filed: _____ Status of Case/s: _____	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	If YES, give details: _____	
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?	If YES, give details: _____	
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?	If YES, give details: _____ If YES, give details: _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	If YES, give details (country): _____	
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?	If YES, please specify: _____ If YES, please specify ID No: _____ If YES, please specify ID No: _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
WENCES REY DELA PEÑA	BAYBAY CITY, LEYTE	9096882172
LEMUEL T. LLANO	BAYBAY CITY, LEYTE	9619601845
ANGELA A. FERRAREN	BAYBAY CITY, LEYTE	9173285602
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.		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID/License/Passport No.: 13-202845778-6 Date/Place of Issuance: BAYBAY CITY	 Signature (Sign inside the box) 07/12/2025 Date Accomplished	 PHOTO  Right Thumbmark
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div style="border: 1px solid black; width: 300px; height: 60px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 300px; height: 20px; margin: 0 auto; text-align: center;"> Person Administering Oath </div>		