

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	LUNTAYAO		
FIRST NAME	RYLAH MARIE		NAME EXTENSION (JR, SR)
MIDDLE NAME	SANTILLAN		
3. DATE OF BIRTH (mm/dd/yyyy)	06/27/1999	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	BAYBAY 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	M.L. QUEZON STREET House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.50	ZIP CODE	6521
8. WEIGHT (kg)	65		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	M.L. QUEZON STREET House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	NONE	ZIP CODE	6521
11. MAG-IBIG ID NO.	NONE		
12. PHILHEALTH NO.	13-252295305-2	19. TELEPHONE NO.	NONE
13. SSS NO.	3511078421	20. MOBILE NO.	09518287117
14. TIN NO.	360-639-570	21. E-MAIL ADDRESS (if any)	rylahmarieluntayao@gmail.com
15. AGENCY EMPLOYEE NO.	O18K028		

II. FAMILY BACKGROUND

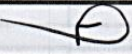
22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR, SR)	NA	NA
MIDDLE NAME	NA			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	LUNTAYAO			
FIRST NAME	ROGELIO			
MIDDLE NAME	NICOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	SANTILLAN			
FIRST NAME	CHONA			
MIDDLE NAME	HERNENDO			

(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	GAAS ELEMENTARY SCHOOL	Primary Education			NA	2011	Salutatorian
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	High School			NA	2015	5th HONORABLE MENTION
VOCATIONAL / TRADE COURSE	NA	NA			NA	NA	NA
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR IN SECONDARY EDUCATION			NA	2019	NONE
GRADUATE STUDIES							


(Continue on separate sheet if necessary)

SIGNATURE		DATE	9/9/22
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[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]

SIGNATURE		DATE	3/29/22
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Topics Covered	
8. Key Takeaways	
9. Application to Current Role	
10. Additional Comments	

[illegible]

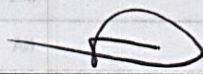
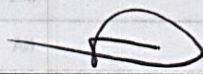
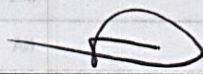
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	3/27/22
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<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 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>	<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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>JASON LAGUNA</td> <td>HIPUSNGO BAYBAY LEYTE</td> <td>9069273509</td> </tr> <tr> <td>EMMALINDA MODINA</td> <td>ZONE 18 BAYBAY LEYTE</td> <td>9978738118</td> </tr> <tr> <td>ROCHELYN BAGARINAO</td> <td>HIPUSNGO BAYBAY LEYTE</td> <td>2003 77024</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JASON LAGUNA	HIPUSNGO BAYBAY LEYTE	9069273509	EMMALINDA MODINA	ZONE 18 BAYBAY LEYTE	9978738118	ROCHELYN BAGARINAO	HIPUSNGO BAYBAY LEYTE	2003 77024
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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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: <u>Employee ID</u></p> <p>ID/License/Passport No.: <u>O18K028</u></p> <p>Date/Place of Issuance: <u>03/16/2020</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  Signature (Sign inside the box) <u>3/29/22</u> Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) <u>3/29/22</u> Date Accomplished											
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SUBSCRIBED AND SWORN to before me this <u>MAR 29 2022</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <p>Doc. No. <u>1379</u></p> <p>Page No. <u>9</u></p> <p>Book No. <u>1020</u></p> <p>Series of <u>1020</u></p> </div> <div style="width: 50%; text-align: center;"> <p>ATTY. WILLIE JR. I. DE GUZMAN PUBLIC ATTORNEY PERSON ADMINISTERING OATH</p> </div> </div>													