

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.**

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	LUCANAS		
FIRST NAME	RISSEL MAE		NAME EXTENSION (JR., SR.)
MIDDLE NAME	BITANCOR		
3. DATE OF BIRTH (mm/dd/yyyy)	JUNE 23, 1999	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pts. indicate country:
4. PLACE OF BIRTH	SABANG BAO, ORMOC CITY, LEYTE	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	PUROK SANTOL House/Block/Lot No. Street SABANG BAO Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province ZIP CODE 6541
7. HEIGHT (m)	1.41 m	18. PERMANENT ADDRESS	PUROK SANTOL House/Block/Lot No. Street SABANG BAO Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province ZIP CODE 6541
8. WEIGHT (kg)	52 kg	19. TELEPHONE NO.	
9. BLOOD TYPE		20. MOBILE NO.	09668331899
10. GSIS ID NO.		21. E-MAIL ADDRESS (if any)	rlucanas23@gmail.com
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	13-250797779-4		
13. SSS NO.			
14. TIN NO.			
15. AGENCY EMPLOYEE NO.			

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	LUCANAS			
FIRST NAME	RONNIE			
MIDDLE NAME	LEONOR			
25. MOTHER'S MAIDEN NAME	BITANCOR			
SURNAME	MAYRA			
FIRST NAME	RAGUDO			
MIDDLE NAME				

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	SABANG BAO ELEMENTARY SCHOOL	ELEMENTARY EDUCATION GRADUATE				2012	3RD HONOR
SECONDARY	RUSTICO CAPANI SR. MEMORIAL NATIONAL HIGH SCHOOL	HIGHSCHOOL GRADUATE				2018	WITH HONORS
VOCATIONAL/ TRADE COURSE							
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY ORMOC CITY	BACHELOR OF PHYSICAL EDUCATION				2022	CUM LAUDE
GRADUATE STUDIES	WESTERN LEYTE COLLEGE OF ORMOC	MAED MAJOR IN SCHOOL ADMINISTRATION AND SUPERVISION			9 UNITS		

SIGNATURE	<i>[Signature]</i>	DATE	January 5, 2024
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[illegible]

Learning and Development (L&D) Interventions/Training Programs Attended	
1. Program Name:	
2. Duration:	
3. Location:	
4. Description of Program:	
5. Key Takeaways:	
6. Impact on Performance:	
7. Additional Comments:	

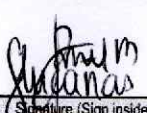
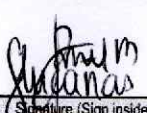
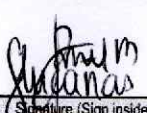

[illegible]

VIII. OTHER INFORMATION

[illegible]

SIGNATURE	<i>[Signature]</i>	DATE	January 5, 2024
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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> <hr/> <p><input type="checkbox"/> YES <input 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 type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input 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>FERNANDO BORNASAL</td> <td>STO. NIÑO, ORMOC CITY</td> <td>9480491685</td> </tr> <tr> <td>EDELYN P. NUÑEZ</td> <td>SAN JOSE, ORMOC CITY</td> <td>09210580715</td> </tr> <tr> <td>GINA MARIQUIT</td> <td>SABANG BAO, ORMOC CITY</td> <td>9088731988</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	FERNANDO BORNASAL	STO. NIÑO, ORMOC CITY	9480491685	EDELYN P. NUÑEZ	SAN JOSE, ORMOC CITY	09210580715	GINA MARIQUIT	SABANG BAO, ORMOC CITY	9088731988
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government issued ID:</td> <td>PHILHEALTH</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>13-250797779-4</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>ORMOC CITY</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:	PHILHEALTH	ID/License/Passport No.:	13-250797779-4	Date/Place of Issuance:	ORMOC CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 80px; text-align: center; vertical-align: middle;">  Signature (Sign inside the box) </td> </tr> <tr> <td style="text-align: center;"> Date Accomplished <u>January 1, 2024</u> </td> </tr> </table>	 Signature (Sign inside the box)	Date Accomplished <u>January 1, 2024</u>
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<div style="display: flex; align-items: center;">  <div style="text-align: center;"> <p>RISELLE MAE B. LUCANAS</p> </div> </div> <div style="border: 1px solid black; width: 150px; height: 80px; margin-top: 10px; text-align: center; line-height: 80px;"> Right Thumbmark </div>													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 10px auto;"></div> <div style="border: 1px solid black; width: 200px; height: 30px; margin: 10px auto; text-align: center;"> Person Administering Oath </div>													