

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	AGORDO														
FIRST NAME	DYAN	NAME EXTENSION (JR., SR)													
MIDDLE NAME															
3. DATE OF BIRTH (mm/dd/yyyy)	06/27/1997	16. CITIZENSHIP	<input 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	USON, MASBATE	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 checked="" type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	<table><tr><td>House/Block/Lot No.</td><td>Street</td></tr><tr><td></td><td>MAYBOG</td></tr><tr><td>Subdivision/Village</td><td>Barangay</td></tr><tr><td>BAYBAY CITY</td><td>LEYTE</td></tr><tr><td>City/Municipality</td><td>Province</td></tr><tr><td colspan="2">6521</td></tr></table>	House/Block/Lot No.	Street		MAYBOG	Subdivision/Village	Barangay	BAYBAY CITY	LEYTE	City/Municipality	Province	6521	
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	MAYBOG														
Subdivision/Village	Barangay														
BAYBAY CITY	LEYTE														
City/Municipality	Province														
6521															
7. HEIGHT (m)	1.25	ZIP CODE													
8. WEIGHT (kg)	45														
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	<table><tr><td>House/Block/Lot No.</td><td>Street</td></tr><tr><td></td><td>MAYBOG</td></tr><tr><td>Subdivision/Village</td><td>Barangay</td></tr><tr><td>BAYBAY CITY</td><td>LEYTE</td></tr><tr><td>City/Municipality</td><td>Province</td></tr><tr><td colspan="2">6521</td></tr></table>	House/Block/Lot No.	Street		MAYBOG	Subdivision/Village	Barangay	BAYBAY CITY	LEYTE	City/Municipality	Province	6521	
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Subdivision/Village	Barangay														
BAYBAY CITY	LEYTE														
City/Municipality	Province														
6521															
10. GSIS ID NO.	N/A	ZIP CODE													
11. PAG-IBIG ID NO.	1212-5348-9655														
12. PHILHEALTH NO.	1202-5834-0979														
13. SSS NO.	06-4318924-9	19. TELEPHONE NO.	N/A												
14. TIN NO.	359-619-730-00000	20. MOBILE NO.	09565357337												
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	dzaiyan12@gmail.com												

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	SILAO			
FIRST NAME	DAVID	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SAURO			
25. MOTHER'S MAIDEN NAME	ARTEMIA SACAY AGORDO			
SURNAME	SILAO			
FIRST NAME	ARTEMIA			
MIDDLE NAME	AGORDO		(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	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	CARIDAD ELEMENTARY SCHOOL	GRADUATE	6/26/2004	5/2/2010			WITH HONOR
SECONDARY	CARIDAD NATIONAL HIGH SCHOOL	GRADUATE	6/2/2010	7/6/2014			2ND HONORABLE MENTION
VOCATIONAL /	N/A	N/A					
COLLEGE	VISAYAS STATE UNIVERSITY	AB - ENGLISH LANGUAGE	6/7/2015	7/14/2019			CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

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

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			


(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
PERFORMING ARTS	N/A	N/A
STAGE PLAY	N/A	N/A
LITERATURE	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</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></table>		NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.											
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.													
<div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PhilHealth</div> <div>ID/License/Passport No.: 12-025834097-9</div> <div>Date/Place of Issuance: AUGUST 2019</div>	<div></div> <div>Signature (Sign inside the box)</div> <div></div> <div>Date Accomplished</div>												
<div><div>DYAN AGORDO</div></div> <div></div> <div>Right Thumbmark</div>													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div></div> <div>Person Administering Oath</div>													

