

# 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	AURE		
FIRST NAME	RENMIN MALAYA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BANDALA		
3. DATE OF BIRTH (mm/dd/yyyy)	6/17/2000	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	CEBU CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	APARTMENT 66 KILBOURNE DRIVE House/Block/Lot No. Street SAYAS STATE UNIVERSITY, LOWER CAMPI PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	160 CM	ZIP CODE	6521
8. WEIGHT (kg)	59KGS	18. PERMANENT ADDRESS	N/A MH DEL PILAR House/Block/Lot No. Street ZONE 5 POBLACION Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	6521
10. GSIS ID NO.		19. TELEPHONE NO.	(563) 741-1
11. PAG-IBIG ID NO.		20. MOBILE NO.	09952574860
12. PHILHEALTH NO.		21. E-MAIL ADDRESS (if any)	MALAYAAURE@GMAIL.COM
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	AURE			
FIRST NAME	BONN VITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LIONG			
25. MOTHER'S MAIDEN NAME				
SURNAME	BANDALA			
FIRST NAME	TRIXIE			
MIDDLE NAME	LAPUT			

(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	SAINT ANDREW SCHOOL, INC.	N/A	7/1/2006	7/1/2013	N/A	2013	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPCION	N/A	8/1/2013	8/1/2017	N.A	2017	N/A
VOCATIONAL / TRADE COURSE	VISAYAS STATE UNIVERSITY-INTEGRATED HIGHSCHOOL	TECHNICAL VOCATIONAL LIVELIHOOD	8/2/2017	8/19/2019	N/A	2019	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN ANIMAL SCIENCE	7/1/2019	7/1/2024	74 UNITS	2024	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 9, 2024
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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	12	9	2024
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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

[illegible]


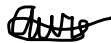
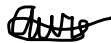
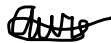
(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/09/2024
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">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> </tbody> </table>	NAME	ADDRESS	TEL. NO.										<div style="text-align: center;">               PHOTO           </div> <div style="border: 1px solid black; height: 100px; margin-top: 20px;"></div> <div style="text-align: center; margin-top: 5px;">Right Thumbmark</div>
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.													
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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: 200px; margin: 0 auto; padding: 5px;">         Person Administering Oath       </div>													