

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	IBAÑEZ		
FIRST NAME	JUDY ANN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LOLOR		
3. DATE OF BIRTH (mm/dd/yyyy)	7/14/1997	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	HILONGOS, 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	PROPER II House/Block/Lot No. Street BARANGAY MARANGOG Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province 6524
7. HEIGHT (m)	1.49 m	ZIP CODE	PROPER II House/Block/Lot No. Street BARANGAY MARANGOG Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province 6524
8. WEIGHT (kg)	50 kg		
9. BLOOD TYPE	O+		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	121293871452	18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	13-250505783-3	ZIP CODE	6524
13. SSS NO.	35-1545658-6	19. TELEPHONE NO.	
14. TIN NO.	642-587-103	20. MOBILE NO.	0945 809 0123
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	judyannibanez62@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	IBAÑEZ			
FIRST NAME	EFREN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BALONGO			
25. MOTHER'S MAIDEN NAME				
SURNAME	LOLOR			
FIRST NAME	REYNILDA			
MIDDLE NAME	ARCILLA			

(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	BRGY. MARANGOG ELEMENTARY SCHOOL	ELEMENTARY	2005	2010		2009-2010	
SECONDARY	STA. MARGARITA NATIONAL HIGH SCHOOL	HIGH SCHOOL	2010	2014		2013-2014	
VOCATIONAL /							
COLLEGE	MANDAUE CITY COLLEGE	* BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJOR IN HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT	2015	2022		2021-2022	
GRADUATE STUDIES	MANDAUE CITY COLLEGE	* DIPLOMA IN PROFESSIONAL EDUCATION	2023	2023		2023	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	2/8/2025
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[illegible]

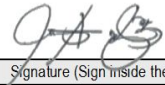
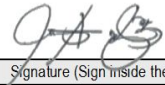
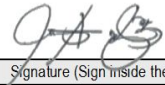



VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

VIII. OTHER INFORMATION

[illegible]

SIGNATURE		DATE	2/8/2025
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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>Date Filed: _____</p> <p>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>DR. FE E. MAGALE</td> <td>SGOD Office, DepEd Mandaue City</td> <td>9175150540</td> </tr> <tr> <td>KRISTIAN MARC CABAUG</td> <td>Mandaue City, Tourism LGU</td> <td>9171501568</td> </tr> <tr> <td>DR. GERLY A. ALCANTARA</td> <td>Mandaue City College, College Instructor</td> <td>9323286368</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. FE E. MAGALE	SGOD Office, DepEd Mandaue City	9175150540	KRISTIAN MARC CABAUG	Mandaue City, Tourism LGU	9171501568	DR. GERLY A. ALCANTARA	Mandaue City College, College Instructor	9323286368
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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>													
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<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: 300px; margin: 10px auto; padding: 5px; text-align: center;"> <p>JUDY ANN L. IBAÑEZ</p> <p>Person Administering Oath</p> </div>													