

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	BARBOSA		
FIRST NAME	RACHELLE ANN		NAME EXTENSION (JR., SR)
MIDDLE NAME	ADIGUE		
3. DATE OF BIRTH (mm/dd/yyyy)	9/23/1989	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	SUCAT PARANAQUE METRO MANILA	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	5'6"	ZIP CODE	
8. WEIGHT (kg)	85		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	ZONE 6 House/Block/Lot No. Street BRGY. GUADALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
10. GSIS ID NO.		ZIP CODE	
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.		19. TELEPHONE NO.	
13. SSS NO.		20. MOBILE NO.	09061238038
14. TIN NO.		21. E-MAIL ADDRESS (if any)	rachelleannbarbosa@gmail.com
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BARBOSA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARTIN	NAME EXTENSION (JR., SR)	RALPH MARTIN A. BARBOSA	2/23/2009
MIDDLE NAME	BA-AY		RICK MARTIN A. BARBOSA	9/25/2011
OCCUPATION	SCIENCE RESEARCH ASSISTANT			
EMPLOYER/BUSINESS NAME	VSU-PHILROOTCROPS			
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.				
24. FATHER'S SURNAME	ADIGUE			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DIOLOLA			
25. MOTHER'S MAIDEN NAME	REBECCA M. METING			
SURNAME	ADIGUE			
FIRST NAME	REBECCA			
MIDDLE NAME	METING			

(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	BITANHUAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	2001	2003		2003	SALUTATORIAN
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2003	2007		2007	
VOCATIONAL / TRADE COURSE	VISAYAS STATE UNIVERSITY	BS AGRICULTURE	2017	2019		2019	WITH HONORS
COLLEGE	VISAYAS STATE UNIVERSITY	BS AGRICULTURE	2017	2021		2021	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

[illegible]

(Continue on separate sheet if necessary)

[illegible]


(separate sheet if necessary)

MEMBERSHIP IN ASSOCIATION/ORGANIZATION
(Write in full)

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	National Service Training Program (Team Helpful) Visayas State University President (2017-2018)
	Cooking				Plant Protection Major's Association Visayas State University 3rd Year Representative (2019-2020)
	Friendly and accommodating				
	Responsible				
	Computer Literate				
	Fast Learner				
	Can speak Tagalog, English and Cebuano/Bisaya				
	Capable of multi-tasking				

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 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 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)					
NAME		ADDRESS		TEL. NO.	
DENNIS M. CAGANTAS		MACROHON, SO. LEYTE		9771898814	
JESUSITO L. LIM		BRGY. PANGASUGAN, BAYBAY CITY, LEYTE		9175309535	
YOLANDA D.C. MANGAOANG		MARCOS, BAYBAY CITY, LEYTE		9233757315	
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</div> <div>Government Issued ID:</div> <div>ID/License/Passport No.:</div> <div>Date/Place of Issuance:</div>		<div></div> <div>Signature (Sign inside the box)</div> <div></div> <div>Date Accomplished</div>		<div></div> <div>PHOTO</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>					

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