

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	NAPOLES		
FIRST NAME	HEIDI LYNN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	PUERIN		
3. DATE OF BIRTH (mm/dd/yyyy)	12/17/1998	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	BAYBAY, 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 2 House/Block/Lot No. Street GABAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.57	ZIP CODE	6521
8. WEIGHT (kg)	62		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	PUROK 2 House/Block/Lot No. Street GABAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	13-025590867-8		
13. SSS NO.	35-1720235-6	19. TELEPHONE NO.	N/A
14. TIN NO.	607-925-941	20. MOBILE NO.	09677010998
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	heidilynnapoles@gmail.com

II. FAMILY BACKGROUND				
22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	NAPOLES			
FIRST NAME	HENRY	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	MARQUEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	PUERIN			
FIRST NAME	LYDIA			
MIDDLE NAME	TAGUD		(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	GABAS CENTRAL SCHOOL	PRIMARY EDUCATION	2005	2011	N/A	2011	SALUTATORIAN
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	HIGH SCHOOL	2011	2015	N/A	2015	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS	BACHELOR OF SCIENCE IN BIOTECHNOLOGY	2015	2021	N/A	2021	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	03/03/2024

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CAREER SERVICE PROFESSIONAL	88.71	06/19/2022	NEW ORMOC CITY NATIONAL HIGH SCHOOL, ORMOC CITY	N/A	N/A
	NON-PROFESSIONAL DRIVER'S LICENSE	N/A	01/17/2024	LAND TRANSPORTATION OFFICE-BAYBAY DISTRICT OFFICE	H12-24-000300	12/17/2028

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	03/03/2024
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[illegible]

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

[illegible]

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	RESEARCH WRITING		N/A		N/A
	COMPUTER SKILLS				
	PROBLEM-SOLVING				
	ORAL AND WRITTEN COMMUNICATION				
	RECORDKEEPING AND ORGANIZATION				
	DATA VISUALIZATION AND ANALYSIS				

SIGNATURE		DATE	03/03/2024
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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 checked="" 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 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>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
ALIEZA O. DEL SOCORRO	SAN RAMON, BONTOC, SOUTHERN LEYTE	09770136743
JIMMY E. SALAMIDA	SAN RAMON, BONTOC, SOUTHERN LEYTE	09295122968
LOURD FRANZ M. GABUNADA	BAYBAY CITY, LEYTE	09273333897

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.



Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	
PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	DIGITAL NATIONAL ID
ID/License/Passport No.:	5831-5472-8175-0964
Date/Place of Issuance:	04/28/2023

Signature (Sign inside the box) 03/03/2024 Date Accomplished



SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath