## 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

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) 2. SURNAME **RAYMUNDO** NAME EXTENSION (JR., SR) FIRST NAME MARY JOY MIDDLE NAME **BATICAN** DATE OF BIRTH 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) 12/25/1998 by birth by naturalization 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details. Male 5. SEX ✓ Female 17. RESIDENTIAL ADDRESS ✓ Single Married BILWANG 6 CIVIL STATUS ☐ Widowed House/Block/Lot No. Separated **POBLACION** Other/s: Subdivision/Village LEYTE ALBUERA 7. HEIGHT (m) 8. WEIGHT (kg) ZIP CODE 18. PERMANENT ADDRESS **BILWANG** 9. BLOOD TYPE House/Block/Lot No. **POBLACION** 10. GSIS ID NO. Subdivision/Village **ALBUERA LEYTE** 11. PAG-IBIG ID NO. 12. PHILHEALTH NO. ZIP CODE 13. SSS NO. 19. TELEPHONE NO. 14. TIN NO. 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) maryjoyraymundo25@gmail.com **FAMILY BACKGROUND** 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME 11/08/1979 CABULONG NAME EXTENSION (JR., SR) FIRST NAME MARIO CRISTION MIDDLE NAME DIVINA 25. MOTHER'S MAIDEN NAME SURNAME **RAYMUNDO** 09/17/1977 FIRST NAME **RONALLE** MIDDLE NAME (Continue on separate sheet if necessary) **BATICAN** EDUCATIONAL BACKGROUND CHOLARSHIP LEVEL/ PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE ACADEMIC NAME OF SCHOOL YEAR LEVEL UNITS GRADUATED HONORS (Write in full) (Write in full) EARNED From То RECEIVED FLEMENTARY 2012 ALBUERA NORTH CENTRAL SCHOOL SECONDARY ACCOUNTACNCY, BUSUINESS AND MANAGEMENT 2018 SEGUINON NATIONAL HIGH SCHOOL VOCATIONAL / BACHELOR OF SECONDARY EDUCATION EASTERN VISAYAS STATE UNIVERSITY TRADE COURSE ORMOCCITY CAMOUS MA JOR IN SCIENCE COLLEGE 2022 **CUMLAUDE GRADUATE STUDIES** (Continue on separate sheet if necessary) SIGNATURE jraymudo DATE JULY 28, 2023

IV. CIVI	L SERVICE EL	IGIBILITY							
		1080 (BOARD/ BAR) UNDER		DATE OF				LICENSE (if a	applicable)
	SPECIAL LA	AWS/ CES/ CSEE LITY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONF	ERMENT	NUMBER	Date of Validity
			18						
			10						
			(Contin	ue on separate sheet if n	ecessarvi			4	
V. WOR	K EXPERIENC	E	Commi	ao on ooparato oncor ii n					
		ment. Start from your re	cent work) Descrip	tion of duties shoul	d be indicated in the a	ttached V		nce sheet.	
28. IN	CLUSIVE DATES (mm/dd/yyyy)	POSITION			NCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	t abbreviate)	(Write in full/l	Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
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SIG	NATURE				DATE	1			

29.	NAME & ADDRESS OF ORGANIZATION	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	(Write in full)	From	То	NOMBER OF HOURS	PC	OF WORK	
				3			
				-			
		(Cont	inue on separate	sheet if necessary)			
	EARNING AND DEVELOPMENT (L&D)						
(Start fro	om the most recent L&D/training program and includ		nt L&D/training ta	aken for the last five (5	5) years for Division Cl Type of LD	hief/Executive/Managerial positions)	
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
	(Write in full)	From	То		Technical/etc)	(Witte iii luii)	
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		(Cont	inue on separate	sheet if necessary)			
VIII. (	OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	NOI		TINCTIONS / RECOGN /rite in full)	NITION	MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)	
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		(Cont	inue on separate	sheet if necessary)			
	SIGNATURE			DA	TE		

34. Are you related by consanguinity or affinity to the appointin	ig or recommending admonty, or to	)	
chief of bureau or office or to the person who has immedia	te supervision over you in the		
Bureau or Department where you will be apppointed,			
a. within the third degree?		☐ YES ✓	NO
b. within the fourth degree (for Local Government Unit - Ca	areer Employees)?	☐ YES 🗸	NO
•		If YES, give details:	
		, ,	
35. a. Have you ever been found guilty of any administrative of	ffence?		- Company
35. a. Have you ever been found guilty of any autilinistrative of	nense !	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	NO
		If YES, give details:	
h II		□ vrc □	Z NO
b. Have you been criminally charged before any court?			NO
		If YES, give details:	
		Date Filed:	
		Status of Case/s:	
36. Have you ever been convicted of any crime or violation of a	any law, decree, ordinance or	☐ YES -	✓ NO
regulation by any court or tribunal?		If YES, give details:	
		, ,	
37. Have you ever been separated from the service in any of the			✓ NO
retirement, dropped from the rolls, dismissal, termination, e	end of term, finished contract or	If YES, give details:	
phased out (abolition) in the public or private sector?			
38. a. Have you ever been a candidate in a national or local ele	ection held within the last year	☐ YES	✓ NO
(except Barangay election)?		If YES, give details:	90.000
b. Have you resigned from the government service during	the three (3) month period before	YES	✓ NO
the last election to promote/actively campaign for a national		If YES, give details:	NO.
		ii i Lo, give details.	
39. Have you acquired the status of an immigrant or permaner	nt resident of another country?	☐ YES	✓ NO
		If YES, give details (d	country):
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons		
(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8			
a. Are you a member of any indigenous group?		YES please specify:	✓ NO
		If YES, please specify:	
b. Are you a person with disability?  b. Are you a person with disability?		If YES, please specify:  YES	✓ NO
b. Are you a person with disability?		If YES, please specify:  YES  If YES, please specify IE	✓ NO O No:
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b. Are you a person with disability?		If YES, please specify:  YES  If YES, please specify IE	✓ NO O No: ✓ NO
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<ul><li>b. Are you a person with disability?</li><li>c. Are you a solo parent?</li></ul>		If YES, please specify:  YES  If YES, please specify IE  YES	✓ NO O No: ✓ NO
<ul> <li>b. Are you a person with disability?</li> <li>c. Are you a solo parent?</li> <li>41. REFERENCES (Person not related by consanguinity or affinity to applicant to appl</li></ul>	nt /appointee)  ADDRESS	If YES, please specify:  YES If YES, please specify ID  YES If YES, please specify ID	NO No:  NO No:  ID picture taken within
<ul> <li>b. Are you a person with disability?</li> <li>c. Are you a solo parent?</li> <li>41. REFERENCES (Person not related by consanguinity or affinity to applicant to appl</li></ul>		If YES, please specify:  YES If YES, please specify ID  YES If YES, please specify ID	ID picture taken within the last 6 months 3.5 cm. X 4.5 cm
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