

# 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	PELON		
FIRST NAME	PHOBIE ANNE		NAME EXTENSION (JR., SR)
MIDDLE NAME	LAYDEROS		
3. DATE OF BIRTH (mm/dd/yyyy)	01/02/2003	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	IMELDA, MATAU-DB, LEYTE		
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	If holder of dual citizenship, please indicate the details.	
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	N/A House/Block/Lot No. N/A Street N/A Subdivision/Village IMELDA Barangay MATAU-DB LEYTE City/Municipality Province ZIP CODE 6532
7. HEIGHT (m)	1.62	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A Subdivision/Village IMELDA Barangay MATAU-DB LEYTE City/Municipality Province ZIP CODE 6532
8. WEIGHT (kg)	40	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	N/A	20. MOBILE NO.	09306885318
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	phobiepelon24@gmail.com
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A		
14. TIN NO.	N/A		
15. AGENCY EMPLOYEE NO.	N/A		

## 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
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PELON			
FIRST NAME	INEGO	NAME EXTENSION (JR., SR)	JR	
MIDDLE NAME	CONDES			
25. MOTHER'S MAIDEN NAME				
SURNAME	LAYDEROS			
FIRST NAME	SHIRLEY			
MIDDLE NAME	AREVALO			

(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	MATAU-DB CENTRAL SCHOOL		2009	2015		2015	ACADEMIC ACHIEVEMENT
SECONDARY	MATAU-DB NATIONAL HIGH SCHOOL/ MATAU-DB TRADE ACADEMY		2015	2021		2021	CLASS VICE-CHIEF
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	YLAVAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN CHEMISTRY	2021	2025		2025	
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/14/25
-----------	--	------	----------

[illegible]

#### V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	
-----------	--	------	--

[illegible][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)
BASIC LABORATORY TECHNIQUES	N/A	PHILIPPINE ASSOCIATION OF CHEMISTS STUDENT 2023-2024
BASIC COMPUTER LITERACY		VISAYAS STATE CHEMICAL SOCIETY 2021-2024
INTERPERSONAL		
READING		

(Continue on separate sheet if needed)			
SIGNATURE		DATE	07/14/25



<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>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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>JOMAR A. GUADIANA</td> <td>MATAG-OB LEYTE</td> <td>09604439097</td> </tr> <tr> <td>MARY ANN C. MANINGO</td> <td>MATAG-OB LEYTE</td> <td>09653650562</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JOMAR A. GUADIANA	MATAG-OB LEYTE	09604439097	MARY ANN C. MANINGO	MATAG-OB LEYTE	09653650562			
NAME	ADDRESS	TEL. NO.											
JOMAR A. GUADIANA	MATAG-OB LEYTE	09604439097											
MARY ANN C. MANINGO	MATAG-OB LEYTE	09653650562											
<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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: _____</p> <p>ID/License/Passport No.: _____</p> <p>Date/Place of Issuance: _____</p>	<div style="border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> <p>Signature (Sign inside the box)</p> </div> </div> <p>Date Accomplished _____</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)</p> <p>Computer generated or photocopied picture is not acceptable</p> </div> <p style="text-align: center;">PHOTO</p> <div style="border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px;"> <p>Right Thumbmark</p> </div> </div>											
<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; height: 60px; width: 300px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													