

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**. ☐ CS ID No. (Do not fill up. For CSC use only.)

2 SURNAME		ALBESA	
FIRST NAME		ELEA MAE	NAME EXTENSION (JR., SR.)
MIDDLE NAME		MANICAR	
3 DATE OF BIRTH (mm/dd/yyyy)	SEPTEMBER 2, 2000	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	HINDANG, 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	BALETE STREET Street BARANGAY TABOK Barangay HINDANG City/Municipality LEYTE Province 6523
7 HEIGHT (m)	164 CM	ZIP CODE	6523
8 WEIGHT (kg)	64 KG	18 PERMANENT ADDRESS	BALETE STREET Street BARRANGAY TABOK Barangay HINDANG City/Municipality LEYTE Province 6523
9 BLOOD TYPE		19 TELEPHONE NO	N/A
10 GSIS ID NO	N/A	20 MOBILE NO	09617609410
11 PAG-IBIG ID NO	N/A	21 E-MAIL ADDRESS (if any)	eleaalbesa@gmail.com
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 SPOUSES 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.)	
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO	N/A		
24 FATHER'S SURNAME	ALBESA		
FIRST NAME	ESPIRITU	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	QUILING		
25 MOTHER'S MAIDEN NAME			
SURNAME	MANICAR		
FIRST NAME	SISINIA		
MIDDLE NAME	NETRO		

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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	DOOS ELEMENTARY SCHOOL	BASIC EDUCATION	2006	2012		2012	WITH HONORS
SECONDARY	BONTOC NATIONAL HIGH SCHOOL	BASIC EDUCATION	2012	2016		2016	WITH HONORS
VOCATIONAL / TRADE COURSE	BONTOC SENIOR HIGH SCHOOL	ACCOUNTANCY BUSINESS MANAGEMENT	2015	2018		2018	WITH HONORS
COLLEGE	VISAYAS STATE UNIVERSITY	BS in Agriculture major in Plant Protection	2018	2022		2022	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

SIGNATURE		DATE	
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[illegible]

V. WORK EXPERIENCE
 Attach a separate sheet from your most recent employment. Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D training program and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			






(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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<p>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 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</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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>MARIA JULIET CENIZA</td> <td>VSU, BAYBAY CITY, LEYTE</td> <td>09173095016</td> </tr> <tr> <td>MANNYLEN A. MERIOLES</td> <td>BRGY. MARCUS, BAYBAY CITY, LEYTE</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	MARIA JULIET CENIZA	VSU, BAYBAY CITY, LEYTE	09173095016	MANNYLEN A. MERIOLES	BRGY. MARCUS, BAYBAY CITY, LEYTE				
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC Driver's License, etc.)</td> </tr> <tr> <td>PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> </tr> <tr> <td>ID/License/Passport No.:</td> </tr> <tr> <td>Date/Place of Issuance:</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC Driver's License, etc.)	PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID:	ID/License/Passport No.:	Date/Place of Issuance:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) Sept. 5, 2022 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) Sept. 5, 2022 Date Accomplished						
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<div style="display: flex; justify-content: space-around; align-items: center;">   </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; width: 300px; height: 60px; margin: 10px auto; text-align: center; padding-top: 10px;"> Person Administering Oath </div>													