

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	CASAS			
FIRST NAME	THESSA MAE	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	SADOGUIO			
3. DATE OF BIRTH (mm/dd/yyyy)	05/13/2000	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	NAVAL, BILIRAN	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	N/A PADRE INOCENTES STREET House/Block/Lot No. Street N/A PADRE INOCENTES GARCIA Subdivision/Village Barangay NAVAL BILIRAN City/Municipality Province 6560	
7. HEIGHT (m)	1.52 m.	18. PERMANENT ADDRESS	N/A PADRE INOCENTES STREET House/Block/Lot No. Street N/A PADRE INOCENTES GARCIA Subdivision/Village Barangay NAVAL BILIRAN City/Municipality Province 6560	
8. WEIGHT (kg)	47 kg.		ZIP CODE	
9. BLOOD TYPE	A+		ZIP CODE	
10. GSIS ID NO.	N/A			
11. PAG-IBIG ID NO.	922244509205			
12. PHILHEALTH NO.	01-263183819-5			
13. SSS NO.	34-9706557-4	19. TELEPHONE NO.	N/A	
14. TIN NO.	380-032-894-000	20. MOBILE NO.	09771601403 / 09690803591	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	casasthessamae@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	CASAS			
FIRST NAME	NOEL	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	JUMAWAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	SADOGUIO			
FIRST NAME	ALONA			
MIDDLE NAME	BUL-ANON		(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	NAVAL CENTRAL SCHOOL	ELEMENTARY	2006	2012	GRADUATED	2012	N/A
SECONDARY	NAVAL STATE UNIVERSITY - LABORATORY HIGH SCHOOL	HIGH SCHOOL	2012	2018	GRADUATED	2018	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	BILIRAN PROVINCE STATE UNIVERSITY	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION	2018	2022	GRADUATED	2022	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 6, 2025
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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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>LISLEE V. SAMANTE</td><td>ORMOC CITY</td><td>09513257963</td></tr><tr><td>KIMBERLY I. DE PAZ</td><td>ORMOC CITY</td><td>09465336933</td></tr><tr><td>ERIKA JAY S. PELARIJA</td><td>NAVAL, BILIRAN</td><td>09855884356</td></tr></table>		NAME	ADDRESS	TEL. NO.	LISLEE V. SAMANTE	ORMOC CITY	09513257963	KIMBERLY I. DE PAZ	ORMOC CITY	09465336933	ERIKA JAY S. PELARIJA	NAVAL, BILIRAN	09855884356
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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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PHILHEALTH</td></tr><tr><td>ID/License/Passport No.: 01-263183819-5</td></tr><tr><td>Date/Place of Issuance: NAVAL, BILIRAN</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: PHILHEALTH	ID/License/Passport No.: 01-263183819-5	Date/Place of Issuance: NAVAL, BILIRAN	<table><tr><td><div><div>TS Casas</div><div>Signature (Sign inside the box)</div><div>January 6, 2025</div><div>Date Accomplished</div></div></td><td><div><div><div>Thessa Mae S. Casas</div><div>PHOTO</div></div><div></div><div>Right Thumbmark</div></div></td></tr></table>	<div><div>TS Casas</div><div>Signature (Sign inside the box)</div><div>January 6, 2025</div><div>Date Accomplished</div></div>	<div><div><div>Thessa Mae S. Casas</div><div>PHOTO</div></div><div></div><div>Right Thumbmark</div></div>						
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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>													