

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	DOQUE		
FIRST NAME	CHERUBIM	NAME EXTENSION (JR., SR)	
MIDDLE NAME	NARBAY		
3. DATE OF BIRTH (mm/dd/yyyy)	10/05/1993	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	TAGBILARAN CITY, BOHOL	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street PUROK PECHAY BAGTICAN Subdivision/Village Barangay MAASIN CITY SOUTHERN LEYTE City/Municipality Province ZIP CODE 6600
7. HEIGHT (m)	1.6 m	18. PERMANENT ADDRESS	House/Block/Lot No. Street PUROK PECHAY BAGTICAN Subdivision/Village Barangay MAASIN CITY SOUTHERN LEYTE City/Municipality Province ZIP CODE 6600
8. WEIGHT (kg)	63 kg	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	B+	20. MOBILE NO.	09389256949
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	keyrowbeam@gmail.com
11. PAG-IBIG ID NO.	1210-8755-0173		
12. PHILHEALTH NO.	12-051222364-3		
13. SSS NO.	0633797269		
14. TIN NO.	313-954-789		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	DOQUE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	DAISY	NAME EXTENSION (JR., SR)	Jhan Reuben A. Doque	09/01/2017
MIDDLE NAME	ALBERCA		Merabella A. Doque	07/10/2022
OCCUPATION	HOUSEWIFE			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	DOQUE			
FIRST NAME	RUBEN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SIMBAJON			
25. MOTHER'S MAIDEN NAME				
SURNAME	NARBAY			
FIRST NAME	CASIMERA			
MIDDLE NAME	LANCILA			

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	TRIPLE UNION ELEMENTARY SCHOOL		06/01/2000	03/30/2005		2005	With Honors
SECONDARY	CATIGBIAN NATIONAL HIGH SCHOOL		06/01/2005	03/30/2009		2009	With Honors
VOCATIONAL / TRADE COURSE							
COLLEGE	BOHOL ISLAND STATE UNIVERSITY	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	06/01/2009	03/24/2013		2013	N/A
GRADUATE STUDIES							

SIGNATURE		DATE	
		11/14/24	

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 SUB-PROFESSIONAL	84.5	08/07/2022	SAINT JOSEPH COLLEGE, MAASIN CITY, SOUTHERN LEYTE		
	CAREER SERVICE PROFESSIONAL	80.5	03/26/2023	SAINT JOSEPH COLLEGE, MAASIN CITY, SOUTHERN LEYTE		

V. WORK EXPERIENCE
(Include private employment. Start from your recent work.) Description of duties should be indicated in the attached Work Experience sheet.

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SIGNATURE		DATE	11/14/24
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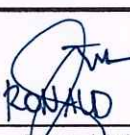
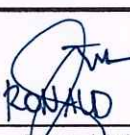
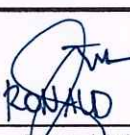
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VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Technical skills in IT		
Computer applications expertise		
Good Analytical skills		
Networking		
Multi-tasking		

SIGNATURE		DATE	11/14/24
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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> <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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>RAMON DELA CERNA</td> <td>GUADALUPE, CEBU CITY, CEBU</td> <td>9178456029</td> </tr> <tr> <td>ROMEO CORNEJO</td> <td>TANAUAN, LEYTE</td> <td>9178431484</td> </tr> <tr> <td>RELIANE BEJARASCO</td> <td>MAASIN CITY, SOUTHERN LEYTE</td> <td>9556056728</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	RAMON DELA CERNA	GUADALUPE, CEBU CITY, CEBU	9178456029	ROMEO CORNEJO	TANAUAN, LEYTE	9178431484	RELIANE BEJARASCO	MAASIN CITY, SOUTHERN LEYTE	9556056728
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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>													
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<p>SUBSCRIBED AND SWORN to before me this <u>14th</u> of <u>November</u>, 20<u>24</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="text-align: center;">  RONALD TENIO Person Administering Oath </td> </tr> </table>		 RONALD TENIO Person Administering Oath											
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