

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	BENDIJO		
FIRST NAME	AUBREL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	FABROA		
3. DATE OF BIRTH (mm/dd/yyyy)	4/17/2001	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	IPIL, ORMOC CITY, 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	EL TRABAJO House/Block/Lot No. Street IPIL Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province 6541
7. HEIGHT (m)	1.50 m	ZIP CODE	18. PERMANENT ADDRESS
8. WEIGHT (kg)	45 kg		ELTRABAJO House/Block/Lot No. Street IPIL Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province 6541
9. BLOOD TYPE		19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A	20. MOBILE NO.	09508229572
11. PAG-IBIG ID NO.	121333099756	21. E-MAIL ADDRESS (if any)	bendjoaubrel@gmail.com
12. PHILHEALTH NO.	23-004925192-6		
13. SSS NO.	06-4713798-3		
14. TIN NO.			
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	BENDIJO			
FIRST NAME	LEONILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ALKUINO			
25. MOTHER'S MAIDEN NAME				
SURNAME	FABROA			
FIRST NAME	MARIA SHEILA			
MIDDLE NAME	DELOS SANTOS		(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	IPIL CENTRAL SCHOOL	BASIC EDUCATION	2007	2013		2013	FAST ACHIEVER
SECONDARY	IPIL NATIONAL HIGH CHOOl	BASIC EDUCATION	2013	2019		2019	WITH HIGHS HONORS/ RANK 1
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY - ORMOC CAMPUS	BACHELOR OF SECONDARY EDUCATION MAJOR IN SCIENCE	2019	2023		2023	MAGNA CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 19,2024
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IV. CIVIL SERVICE ELIGIBILITY								
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
	LICENSURE EXAMINATION FOR TEACHERS			87.0	3/17/2024	TACLOBAN CITY, LEYTE	2201118	6/27/2024
(Continue on separate sheet if necessary)								
V. WORK EXPERIENCE								
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.								
28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
	From	To						
	8/10/2023	6/29/2024	TEACHER	ST. ALOYSIUS INSTITUTE OF TECHNOLOGY, INC.			CONTRACTUAL	N
(Continue on separate sheet if necessary)								
SIGNATURE					DATE	JULY 19,2024		

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		
	N/A	N/A	N/A	N/A	N/A

(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			
	N/A	N/A	N/A	N/A	N/A	N/A

(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)
	DETAIL-ORIENTED AND QUICK LEARNER	DISTRICT SIGLARO SECONDARY GIRLS AND BOYS- ARNIS COACH- 1ST PLACE		N/A
	GOOD COMMUNICATION	DIVISION SIGLARO SECONDARY GIRLS AND BOYS- ARNIS COACH- 1ST PLACE		
	ORGANIZATION SKILLS AND TIME MANAGEMENT			
	CRITICAL THINKING			
	COMPUTER LITERATE			
	READING			
	SINGING			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 19,2024
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or 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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: _____ Status of Case/s: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: END OF CONTRACT												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____												
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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<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 style="text-align: center;">DR DELECIA C. INGHUG</td> <td style="text-align: center;">ORMOC CITY</td> <td style="text-align: center;">9254983641</td> </tr> <tr> <td style="text-align: center;">SR. JUDY C. BILLONES</td> <td style="text-align: center;">DAYHAGAN, ORMOC CITY</td> <td style="text-align: center;">9684587547</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </tbody> </table>	NAME	ADDRESS	TEL. NO.	DR DELECIA C. INGHUG	ORMOC CITY	9254983641	SR. JUDY C. BILLONES	DAYHAGAN, ORMOC CITY	9684587547				<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable </div> <div style="text-align: center; margin-bottom: 10px;">PHOTO</div> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="text-align: center; margin-top: 10px;">Right Thumbmark</div>
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SR. JUDY C. BILLONES	DAYHAGAN, ORMOC CITY	9684587547											
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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></td> </tr> <tr> <td style="width: 60%;">Government Issued ID:</td> <td style="text-align: center;">PRC</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td style="text-align: center;">2201118</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td style="text-align: center;">06/27/2024 ORMOC CITY</td> </tr> </table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>		Government Issued ID:	PRC	ID/License/Passport No.:	2201118	Date/Place of Issuance:	06/27/2024 ORMOC CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 60px;"></td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)		Date Accomplished
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath