

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	SALILI		
FIRST NAME	MITCHELYN JANE		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	MAGNO		
3. DATE OF BIRTH (mm/dd/yyyy)	JUNE 13, 1996	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	STA CRUZ, ISABEL 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	5'2	17. RESIDENTIAL ADDRESS	ROSE ST House/Block/Lot No. Street STA. CRUZ Subdivision/Village Barangay ISABEL LEYTE City/Municipality Province 6539
8. WEIGHT (kg)	47KG	ZIP CODE	6539
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	ROSE ST. House/Block/Lot No. Street STA. CRUZ Subdivision/Village Barangay ISABEL LEYTE City/Municipality Province 6539
10. GSIS ID NO.	N/A	ZIP CODE	6539
11. PAG-IBIG ID NO.	121215731603	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	132505448344	20. MOBILE NO.	09273028081
13. SSS NO.	0635433437	21. E-MAIL ADDRESS (if any)	mitchielynjanem@gmail.com
14. TIN NO.	341-936-971-000		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SALILI		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	KEVIN	NAME EXTENSION (JR., SR) N/A	MICHKEZANE KIM M. SALILI	DEC 6, 2018
MIDDLE NAME	PACABIS		MICH KHAYE M. SALILI	JUNE 7, 2023
OCCUPATION	PRODUCTION WORKER			
EMPLOYER/BUSINESS NAME	G&B MANPOWER CORPORATION			
BUSINESS ADDRESS	LIBERTAD ISABEL LEYTE			
TELEPHONE NO.	9069209763			
24. FATHER'S SURNAME	MAGNO			
FIRST NAME	RICARDO	NAME EXTENSION (JR., SR) SR		
MIDDLE NAME	CATALVAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	ROCHE			
FIRST NAME	LUZVIMINDA			
MIDDLE NAME	DELALAMON			

(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	RELOCATION ELEMENTARY SCHOOL	GRADUATED	06 2003	03 2009		2009	SALUTATORIAN
SECONDARY	ISABEL NATIONAL HIGH SCHOOL	GRADUATED	06 2009	03 2013		2013	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	UNIVERSITY OF CEBU-BANILAD CAMPUS	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJOR IN MANAGERIAL ACCOUNTING	06 2013	03 2017		2017	
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	APRIL 30, 2024
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	APRIL 30, 2024
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[illegible]





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

[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)
	SINGING		N/A		N/A
	DANCING				
	COMPUTER LITERATE				
	ACCOUNTING SOFTWARE-SAPA1				
	KNOWLEDGE ACCOUNTING PROCESS (AP, DISBURSEMENT, RECON AND TAXATION)				

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	APRIL 30, 2024

<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: RESIGNATION FROM WORK PRIVATE</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>MA. VERRIZA A. AGUINSATAN</td> <td>CEBU CITY</td> <td>230-3890</td> </tr> <tr> <td>FE AMOR KATIGBAK</td> <td>CEBU CITY</td> <td>230-3814</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	MA. VERRIZA A. AGUINSATAN	CEBU CITY	230-3890	FE AMOR KATIGBAK	CEBU CITY	230-3814			
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FE AMOR KATIGBAK	CEBU CITY	230-3814											
<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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<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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; margin-top: 10px;"></div> <p style="text-align: center; margin-top: 5px;">Person Administering Oath</p> </div> <div style="width: 35%; text-align: center;">  Right Thumbmark </div> </div>													