

## 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	NAZARIO		
FIRST NAME	GLEZEL	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	EGUIA		
3. DATE OF BIRTH (mm/dd/yyyy)	02/03/2000	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	Cabintan, Ormoc City	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 checked="" type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. N/A Subdivision/Village ORMOC CITY City/Municipality
7. HEIGHT (m)	1.45	ZIP CODE	6541
8. WEIGHT (kg)	49		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	N/A House/Block/Lot No. N/A Subdivision/Village ORMOC CITY City/Municipality
10. GSIS ID NO.	N/A	ZIP CODE	6541
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-252426214-6		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09105807421
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	glezelnazario333@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
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	NAZARIO		
FIRST NAME	HIPOLITO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	GARCIANO		
25. MOTHER'S MAIDEN NAME			
SURNAME	EGUIA		
FIRST NAME	GLADESH		
MIDDLE NAME.	SAMPAN		

(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	CABINTAN ELEMENTARY SCHOOL	ELEMENTARY	2006	2012	N/A	2012	N/A
SECONDARY	CABINTAN NATIONAL HIGH SCHOOL	JUNIOR HIGH SCHOOL AND SENIOR HIGH SCHOOL	2012	2018	N/A	2018	WITH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	2018	2022	N/A	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	02/13/25
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[illegible]

## V. WORK EXPERIENCE

[illegible]

**SIGNATURE**

DATE \_\_\_\_\_

02/13/25



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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <u>N/A</u>
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: <u>N/A</u>  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <u>N/A</u> Date Filed: <u>N/A</u> Status of Case/s: <u>N/A</u>
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: <u>N/A</u>
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <u>N/A</u>
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: <u>N/A</u>  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <u>N/A</u>
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): <u>N/A</u>
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: <u>N/A</u> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: <u>N/A</u> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: <u>N/A</u>

## 41. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
GERVACIO CODILLA	CABINTAN, ORMOC CITY	09504988021
JUDY ABOHELA	CABINTAN, ORMOC CITY	09090726515
ELENITA ABOHELA	CABINTAN, ORMOC CITY	09501745082

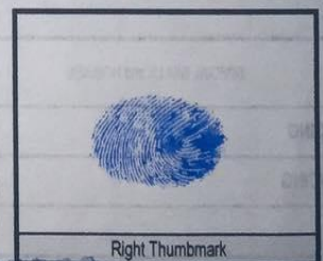
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: <b>PRC</b>
ID/License/Passport No.: <b>2060011</b>
Date/Place of Issuance: <b>06/26/2023</b>

Signature (Sign inside the box)
<b>02/13/2025</b>
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this

14 FEB 2025

Notary Public for the City of Ormoc, Municipality of Kananga, Marikina City

Merida and Isabel, Leyte

Notarial Commission No. GRM-24-12-029-NG

Valid Until December 31 2026

Roll No. 42646

Person Administering Oath: 02/01-02-2025

IBP-Leyte Chapter No. 013426/03-4 2024

MCLE Compliance No. VII-0063579

Office Address: Unit 9 2nd Floor, US Building, War Veterans Ave.,

Brgy. Alegria, Ormoc City, Leyte

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