

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	REDUBAN		
FIRST NAME	EVA BIANCA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ALA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/08/1992	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	MAYORGA LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
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:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street POBLACION ZONE 1 Subdivision/Village Barangay MAYORGA LEYTE City/Municipality Province
7. HEIGHT (m)	1.575METERS	ZIP CODE	6507
8. WEIGHT (kg)	57 KGS.		
9. BLOOD TYPE		18. PERMANENT ADDRESS	House/Block/Lot No. Street POBLACION ZONE 1 Subdivision/Village Barangay MAYORGA LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6507
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	19. TELEPHONE NO.	N/A
13. SSS NO.	N/A	20. MOBILE NO.	09128685788
14. TIN NO.	N/A	21. E-MAIL ADDRESS (if any)	redubanevabianca1@gmail.com
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	REDUBAN		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RUEL	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	CABIA			
OCCUPATION	HARDWARE PURCHASER			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ALA			
FIRST NAME	ARNEL	SR		
MIDDLE NAME	REAL			
25. MOTHER'S MAIDEN NAME				
SURNAME	ACALA			
FIRST NAME	THELMA			
MIDDLE NAME	SOTTO		(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	MAYORGA CENTRAL SCHOOL	N/A	06/01/1999	04/01/2005	GRADUATE	2005	WITH HONOR
SECONDARY	MAYORGA NATIONA HIGH SCHOOL	N/A	06/06/2005	04/01/2009	GRADUATE	2009	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN FILIPINO	08/01/2017	7/26/2021	GRADUATE	2021	N/A
MA: MASTERAL	LEYTE NORMAL UNIVERSITY	MASTERS OF ARTS IN TEACHING FILIPINO	08/05/2021	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JANUARY 26, 2023
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[illegible]

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

[illegible]

SIGNATURE		DATE	JANUARY 26, 2023
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

[illegible][illegible]



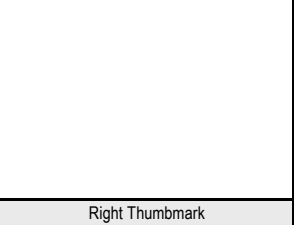

(Continue on separate sheet if necessary)

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
COOKING	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JANUARY 26, 2023
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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)?	<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 _____	
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: _____	
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 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 SR _____ <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)		
NAME	ADDRESS	TEL. NO.
MARGIE CAORES	POB.ZONE 1 MAYORGA LEYTE	9164076906
ROWENA CAORES	POB.ZONE 2 MAYORGA LEYTE	9055345374
JUSTINE MARGALLO	BRGY. ANAHAWAY PALO LEYTE	9973658984
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.		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: POSTAL ID ID/License/Passport No.: PRN I22210547383 Date/Place of Issuance: MAYORGA LEYTE	 _____ Signature JANUARY 26, 2023 _____ Date Accomplished	 PHOTO  Right Thumbmark
SUBSCRIBED AND SWORN to before me this <u>JANUARY 26, 2023</u> , affiant exhibiting his/her validly issued government ID as indicated above.		
 _____ Person Administering Oath		