

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 box(es) 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

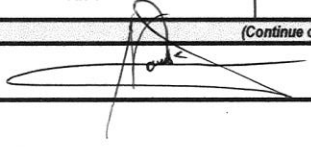
2. SURNAME	NARVIOS		
FIRST NAME	CHELSEA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ROA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/18/1997	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	HILONGOS 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	0428 AF RUBIO STREET House/Block/Lot No. Street N/A CENTRAL Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province 6524
7. HEIGHT (m)	1.651 m	18. PERMANENT ADDRESS	0428 AF RUBIO STREET House/Block/Lot No. Street N/A CENTRAL Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province 6524
8. WEIGHT (kg)	55 kg		ZIP CODE
9. BLOOD TYPE	TYPE B	19. TELEPHONE NO.	(053) 520-2017
10. GSIS ID NO.	N/A	20. MOBILE NO.	09776128031
11. PAG-IBIG ID NO.	1212-3182-12804	21. E-MAIL ADDRESS (if any)	chelnarvios@gmail.com
12. PHILHEALTH NO.	13-251740863-1		
13. SSS NO.	06-4150273-4		
14. TIN NO.	349-012-443		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and birth date)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	NARVIOS		CHELSEA ROA NARVIOS	10/18/1997
FIRST NAME	WILFREDO	NAME EXTENSION (JR., SR) N/A	VINCE LEO ROA NARVIOS	01/26/2002
MIDDLE NAME	RABE		ZELFRED ROA NARVIOS	04/19/2008
25. MOTHER'S MAIDEN NAME			CHELSEA ROA NARVIOS	10/18/1997
SURNAME	ROA		VINCE LEO ROA NARVIOS	01/26/2002
FIRST NAME	MA. RAZEL		ZELFRED ROA NARVIOS	04/19/2008
MIDDLE NAME	GULTIANO		(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	SOGOD SPED CENTER	PRIMARY EDUCATION	2004	2010	N/A	2010	N/A
SECONDARY	SAINT TERESA SCHOOL OF HILONGOS	HIGH SCHOOL	2010	2014	N/A	2014	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS HOTEL, RESTAURANT AND TOURISM MANAGEMENT	2014	2018	N/A	2018	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SIGNATURE		DATE	02/19/2021
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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	02/19/2021
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[illegible]


(Continue on separate sheet if necessary)

[illegible]







(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)
CONSISTENTLY MEETS DEADLINES	EVENT MANAGER IN ASPOrts EVENT (MODIFIED TRIATHLON MIXED RELAY)	LEAGUE OF TOURISM STUDENTS OF THE PHILIPPINES (BAGUIO CITY CHAPTER)
EXCELLENT ORGANIZATIONAL AND MULTI-TASKING ABILITIES	EVENT MANAGER IN SPECIAL EVENT (DEPARTMENT OF CONSUMERS AND HOSPITALITY MANAGEMENT FOOD FLAIR)	SOCIETY OF HOSPITALITY STUDENTS
SUPERB WRITTEN AND VERBAL COMMUNICATION SKILLS	EVENT ORGANIZER OF PERSONALITY SEMINAR	N/A
INCREDIBLY DETAIL ORIENTED	EXPERIENCED IN RUNNING A BUSINESS SUCH AS MOTORPARTS SHOP AND MINI CONVENIENCE STORE	N/A
CREATIVE, PROBLEM SOLVER AND TECH SAVVY	N/A	N/A
GOOD UNDERSTANDING IN OFFICE ADMINISTRATION AND BASIC BOOKKEEPING PRACTICES	N/A	N/A
HIGH-LEVEL OF CUSTOMER SERVICE	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/19/2021
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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: <u>RESIGNATION</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: _____  <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 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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>JANICE ANOG</td><td>CEBU CITY</td><td>9171468221</td></tr><tr><td>PATRICK JAMES BUTE</td><td>CEBU CITY</td><td>9659508373</td></tr><tr><td>NIÑO JAY A. LAMADORA</td><td>HILONGOS, LEYTE</td><td>9661356904</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	JANICE ANOG	CEBU CITY	9171468221	PATRICK JAMES BUTE	CEBU CITY	9659508373	NIÑO JAY A. LAMADORA	HILONGOS, LEYTE	9661356904
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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><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td><td>PLEASE INDICATE ID Number and Date of</td></tr><tr><td>Government Issued ID: POSTAL ID</td><td></td></tr><tr><td>ID/License/Passport No.: PRN I13180414025</td><td></td></tr><tr><td>Date/Place of Issuance: 07/04/2021</td><td></td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date of	Government Issued ID: POSTAL ID		ID/License/Passport No.: PRN I13180414025		Date/Place of Issuance: 07/04/2021		<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>02/19/2021</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	02/19/2021	Date Accomplished
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
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