

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	TAMACA		
FIRST NAME	JEROME	NAME EXTENSION (JR., SR)	
MIDDLE NAME	NIVAL		
3. DATE OF BIRTH (mm/dd/yyyy)	09-231990	16. CITIZENSHIP	<input 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	CARIGARA, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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:		
7. HEIGHT (m)	5'7	17. RESIDENTIAL ADDRESS	DEL ROSARIO ST. House/Block/Lot No. Street BRGY. BAYBAY Subdivision/Village Barangay CARIGARA LEYTE City/Municipality Province
8. WEIGHT (kg)	60 kls.	ZIP CODE	06529
9. BLOOD TYPE	type O	18. PERMANENT ADDRESS	DEL ROSARIO ST. House/Block/Lot No. Street BRGY. BAYBAY Subdivision/Village Barangay CARIGARA LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6529
11. PAG-IBIG ID NO.		19. TELEPHONE NO.	
12. PHILHEALTH NO.	13-050194695-9	20. MOBILE NO.	0935-993-3938
13. SSS NO.	0111-9680547-7	21. E-MAIL ADDRESS (if any)	jerometamca1990@gmail.com
14. TIN NO.	702-942-789		
15. AGENCY EMPLOYEE NO.	0475		


II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	TAMACA			
FIRST NAME	GERARDO	JR.		
MIDDLE NAME	OSEP			
25. MOTHER'S MAIDEN NAME				
SURNAME	TAMACA			
FIRST NAME	LEONORA			
MIDDLE NAME			(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL		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	C.A.T.A.M.C.S. CARIGARA, LEYTE	GRADUATES			GRADUATES	2003	
SECONDARY	JNHS CARIGARA, LEYTE	GRADUATES			GRADUATES	2010	
VOCATIONAL / TRADE COURSE							
COLLEGE	HCCC CARIGARA, LEYTE	BACHELOR OF SECONDARY EDUCATION MAJOR IN MAPEH			GRADUATES	2017	
GRADUATE STUDIES	UV MAIN CAMPUS CEBU CITY	MASTER OF ARTS IN EDUCATION MAJOR IN PHYSICAL EDUCATION AND ARTS			UNDER GRADUATES	2018-2019	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 18 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	June 18 2021
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

B

[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)
	Choreographer		School Marching Band Moderator		
	Event Coordinator		OIC Prefect of Discipline		
	Event Organizer				
	Decorator				
	Toastmaster				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 18 2021
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<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 style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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: _____</p> <p style="text-align: right;">for relocation/greener pastures</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 type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39.</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>CHERLYN MANGUIAT</td> <td>BAYBAY CITY, LEYTE</td> <td>9275293412</td> </tr> <tr> <td>JENIFFER BELARMINO</td> <td>BAYBAY CITY, LEYTE</td> <td>9362380826</td> </tr> <tr> <td>VIRGINIA GAVERO</td> <td>CARIGARA, LEYTE</td> <td>9206641534</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	CHERLYN MANGUIAT	BAYBAY CITY, LEYTE	9275293412	JENIFFER BELARMINO	BAYBAY CITY, LEYTE	9362380826	VIRGINIA GAVERO	CARIGARA, LEYTE	9206641534
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<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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> </tr> <tr> <td>ID/License/Passport No.:</td> </tr> <tr> <td>Date/Place of Issuance:</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID:	ID/License/Passport No.:	Date/Place of Issuance:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; text-align: center; vertical-align: middle;"> </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	Date Accomplished					
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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; width: 100%; height: 50px; margin-top: 10px;"></div> <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;"> Person Administering Oath </div> </div> <div style="width: 35%; text-align: center;"> <p>PHOTO</p> <div style="border: 1px solid black; width: 100%; height: 100px; margin-top: 10px;"></div> <p>Right Thumbmark</p> </div> </div>													