

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	BALLADA		
FIRST NAME	MARISA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	NOTARTE		
3. DATE OF BIRTH (mm/dd/yyyy)	11/2/1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BRGY. BAGUMBAYAN HILONGOS, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. _____ Street _____ D. VELOSO ST. Subdivision/Village _____ Barangay _____ BAYBAY LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.63	ZIP CODE	6524
8. WEIGHT (kg)	57.8		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ BAGUMBAYAN Subdivision/Village _____ Barangay _____ HILONGOS LEYTE City/Municipality _____ Province _____
10. GSIS ID NO.	N/A	ZIP CODE	6524
11. PAG-IBIG ID NO.	121312720527		
12. PHILHEALTH NO.	01-255284451-1	19. TELEPHONE NO.	N/A
13. SSS NO.	N/A	20. MOBILE NO.	09603062488
14. TIN NO.	616-193-649-00000	21. E-MAIL ADDRESS (if any)	marisaballada@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	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BALLADA			
FIRST NAME	DIONISIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MATAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	NOTARTE			
FIRST NAME	BEATRIZ			
MIDDLE NAME	NUÑEZ		(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	BAGUMBAYAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	1/6/2005	3/31/2011	GRADUATED	2011	FIRST HONORS
SECONDARY	BAYBAY CITY NATIONAL NIGHT HIGH SCHOOL	HIGH SCHOOL	1/6/2011	3/31/2018	GRADUATED	2018	FIRST HONORS
VOCATIONAL / TRADE COURSE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	COOKERY NCII	9/16/2021	11/4/2021	NCII HOLDER	2021	COOKERY NCII
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR OF SECONDARY EDUCATION	1/6/2018	5/28/2022	GRADUATED	2022	DEAN'S LIST
GRADUATE STUDIES	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	MASTER OF ARTS IN EDUCATION	6/6/2022	7/24/2022	9 UNITS		

(Continue on separate sheet if necessary)

SIGNATURE	MARISA N. BALLADA	DATE	July 02, 2024
-----------	-------------------	------	---------------

[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	MARISA N. BALLADA	DATE	07/02/2024
------------------	--------------------------	-------------	------------

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

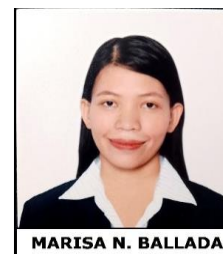
VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DRAWING	N/A	N/A
SINGING		
WRITING		
PLAYING GUITAR		

(Continue on separate sheet if necessary)

<i>SIGNATURE</i>	<i>MARISA N. BALLADA</i>	<i>DATE</i>	<i>July 02, 2024</i>
------------------	--------------------------	-------------	----------------------

<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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>MARVIN ESTILLORE</td> <td>HINUNANGAN SOUTHERN, LEYTE</td> <td>9658392661</td> </tr> <tr> <td>GENEVIEVE MARIE BACTASA</td> <td>ZONE 23 BAYBAY, CITY</td> <td>9151729488</td> </tr> <tr> <td>DR. MA. VICTORIA GONZAGA</td> <td>D. VELOSO ST. BAYBAY</td> <td>9773878170</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	MARVIN ESTILLORE	HINUNANGAN SOUTHERN, LEYTE	9658392661	GENEVIEVE MARIE BACTASA	ZONE 23 BAYBAY, CITY	9151729488	DR. MA. VICTORIA GONZAGA	D. VELOSO ST. BAYBAY	9773878170
NAME	ADDRESS	TEL. NO.											
MARVIN ESTILLORE	HINUNANGAN SOUTHERN, LEYTE	9658392661											
GENEVIEVE MARIE BACTASA	ZONE 23 BAYBAY, CITY	9151729488											
DR. MA. VICTORIA GONZAGA	D. VELOSO ST. BAYBAY	9773878170											
<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 colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PHILHEALTH ID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>01-255284451-1</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>11/10/2021 BAYBAY CITY, LEYTE</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:	PHILHEALTH ID	ID/License/Passport No.:	01-255284451-1	Date/Place of Issuance:	11/10/2021 BAYBAY CITY, LEYTE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; vertical-align: bottom;">Signature (Sign inside the box)</td> </tr> <tr> <td style="height: 30px; vertical-align: bottom;">Date Accomplished</td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)													
PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID:	PHILHEALTH ID												
ID/License/Passport No.:	01-255284451-1												
Date/Place of Issuance:	11/10/2021 BAYBAY CITY, LEYTE												
Signature (Sign inside the box)													
Date Accomplished													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 100px; vertical-align: bottom;"> <p style="text-align: center;">Person Administering Oath</p> </td> <td style="width: 40%; height: 100px; vertical-align: bottom;"> <p style="text-align: center;">Right Thumbmark</p> </td> </tr> </table>		<p style="text-align: center;">Person Administering Oath</p>	<p style="text-align: center;">Right Thumbmark</p>										
<p style="text-align: center;">Person Administering Oath</p>	<p style="text-align: center;">Right Thumbmark</p>												
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p>													



PHOTO

MARISA N. BALLADA

Right Thumbmark