

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	ALPECHE		
FIRST NAME	ANGELICA JOYCE		NAME EXTENSION (JR., SR)
MIDDLE NAME	PIAMONTE		
3. DATE OF BIRTH (mm/dd/yyyy)	02/14/2002	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"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A NORTH DISTRICT House/Block/Lot No. Street N/A MATAPAY Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province
7. HEIGHT (m)	1.5 m	ZIP CODE	6524
8. WEIGHT (kg)	48 kg	18. PERMANENT ADDRESS	N/A NORTH DISTRICT House/Block/Lot No. Street N/A MATAPAY Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province
9. BLOOD TYPE	N/A	ZIP CODE	6524
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	N/A	20. MOBILE NO.	09973208647
12. PHILHEALTH NO.	N/A	21. E-MAIL ADDRESS (if any)	aangelicajoycea@mail.com
13. SSS NO.	N/A		
14. TIN NO.	N/A		
15. AGENCY EMPLOYEE NO.	N/A		

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	ALPECHE			
FIRST NAME	ANGELITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	VNCULADO			
25. MOTHER'S MAIDEN NAME				
SURNAME	PIAMONTE			
FIRST NAME	JASMIN			
MIDDLE NAME	ANTALAN			

(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	MATAPAY ELEMENTARY SCHOOL	ELEMENTARY	10/6/2007	3/30/2013		2013	WITH HONORS
SECONDARY	SAINT TERESA SCHOOL OF HILONGOS	SENIOR HIGH SCHOOL	06/13/2017	3/4/2019		2019	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF PHYSICAL EDUCATION	1/8/2019	3/8/2023		2023	CUM LAUDE
GRADUATE STUDIES	N/A	N/A					


(Continue on separate sheet if necessary)

SIGNATURE		DATE	APRIL 8, 2024
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	04/08/2024
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[illegible]

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

[illegible]


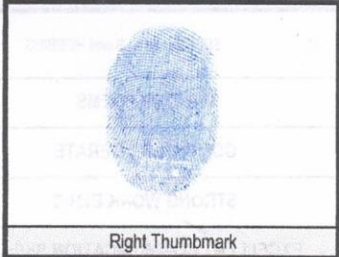



VII. OTHER INFORMATION

[illegible]

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	WRITING POEMS		N/A		ALLEGIANCE OF PHYSICAL EDUCATION TOWARDS EXCELLENCE
	COMPUTER LITERATE				
	STRONG WORK ETHIC				
	EXCELLENT COMMUNICATION SKILLS				

SIGNATURE	<i>01</i>	DATE	04/08/2004
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04/08/2024

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 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 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 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>TRISHA GRACE J. MANANGO</td><td>BRGY. DOLORES ORMOC CITY, LEYTE</td><td>9380040838</td></tr><tr><td>MICHELLE JOY B. BERDIN</td><td>BRGY. MATAPAY HILONGOS, LEYTE</td><td>9108581425</td></tr><tr><td>DIANNA J. ROBLE</td><td>BRGY. DAYHAGAN ORMOC CITY, LEYTE</td><td>9186131664</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	TRISHA GRACE J. MANANGO	BRGY. DOLORES ORMOC CITY, LEYTE	9380040838	MICHELLE JOY B. BERDIN	BRGY. MATAPAY HILONGOS, LEYTE	9108581425	DIANNA J. ROBLE	BRGY. DAYHAGAN ORMOC CITY, LEYTE	9186131664
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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.		<div> ALPECHE, ANGELICA JOYCE PIAMONTE PHOTO</div> <div> Right Thumbmark</div>												
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td><td rowspan="4"><div> Signature (Sign inside the box) 04/08/2024 Date Accomplished</div></td></tr><tr><td>Government Issued ID: PHILIPPINE IDENTIFICATION SYSTEM</td></tr><tr><td>ID/License/Passport No.: 6423-1671-8265-0912</td></tr><tr><td>Date/Place of Issuance: MARCH 16, 2023/HILONGOS 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	<div> Signature (Sign inside the box) 04/08/2024 Date Accomplished</div>	Government Issued ID: PHILIPPINE IDENTIFICATION SYSTEM	ID/License/Passport No.: 6423-1671-8265-0912	Date/Place of Issuance: MARCH 16, 2023/HILONGOS LEYTE							
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Date/Place of Issuance: MARCH 16, 2023/HILONGOS LEYTE														
SUBSCRIBED AND SWORN to before me this <u>APRIL 11, 2024</u> at _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div>ATTY. ROMMEL P. PUSA PUBLIC ATTORNEY II PURSUANT TO RA NO. 9406 Person Administering Oath</div>														