

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. 1. CS ID N (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CORNICO		
FIRST NAME	MYRA MAE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	N/A		
3. DATE OF BIRTH (mm/dd/yyyy)	12/03/1999	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	BAYBAY CITY	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:		
7. HEIGHT (m)	1.49 m.	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street
8. WEIGHT (kg)	147 kg.		LOPFA KILIM
9. BLOOD TYPE			Subdivision/Village Barangay
10. GSIS ID NO.			BAYBAY CITY LEYTE
11. PAG-IBIG ID NO.		City/Municipality Province	
12. PHILHEALTH NO.	13 - 251919102 - 8	ZIP CODE	6521
13. SSS NO.	06 - 4487184 - 4	18. PERMANENT ADDRESS	
14. TIN NO.		House/Block/Lot No. Street	
15. AGENCY EMPLOYEE NO.		LOPFA KILIM	
		Subdivision/Village Barangay	
		BAYBAY CITY LEYTE	
		City/Municipality Province	
		ZIP CODE	6521
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09309299066
		21. E-MAIL ADDRESS (if any)	myramaec99@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)		
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LOBRINO			
FIRST NAME	ROLANDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MEDALLO			
25. MOTHER'S MAIDEN NAME				
SURNAME	CORNICO			
FIRST NAME	MYRA			
MIDDLE NAME	MORENO		(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	GABAS INTEGRATED SCHOOL	ELEMENTARY				2012	With Honor
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPCION	SENIOR HIGH SCHOOL				2018	
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF PHYSICAL EDUCATION				2022	CUM LAUDE
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 29, 2023
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[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

[Signature] (Cont)

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JULY 29, 2023

[illegible]

(Continue on separate sheet if necessary)

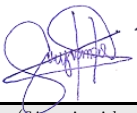

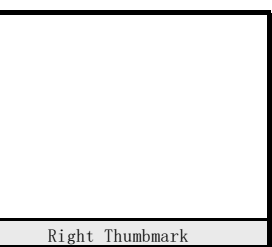
[illegible][illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

<i>SIGNATURE</i>		<i>DATE</i>	JULY 29, 2023
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34. Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate supervision Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit – Career	<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: _____ 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	<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	<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 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)		
NAME	ADDRESS	TEL. NO.
SHEENA EUNICE B. TABUDLONG	Visayas State University	
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		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver’s License, etc.) PLEASE Government Issued ID PASSPORT ID/License/Passport P2440775C Date/Place of Issuance DFA TACLOBAN	 Signature (Sign inside the box) JULY 29, 2023 Date Accomplished	 PHOTO  Right Thumbmark
Before me this JULY 29, 2023 , affiant exhibiting his/her validly issued government		
<div style="border: 1px solid black; width: 100%; height: 100%;"></div> Person Administering Oath		