

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	DATAN		
FIRST NAME	MALVIN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BELMI		
3. DATE OF BIRTH (mm/dd/yyyy)	6 05 1996	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	CEBU CITY	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:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. _____ Street _____ PANGASUGAN Subdivision/Village _____ Barangay _____ BAYBAY CITY LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.80 m	ZIP CODE	6521
8. WEIGHT (kg)	69 kg		
9. BLOOD TYPE		18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ Liloan Subdivision/Village _____ Barangay _____ ORMOC CITY LEYTE City/Municipality _____ Province _____
10. GSIS ID NO.	N/A	ZIP CODE	6541
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	717-109-224	20. MOBILE NO.	09073662793
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	malvindatan13@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	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	DATAN		N/A	N/A
FIRST NAME	JOSE	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	CAPAO		N/A	N/A
25. MOTHER'S MAIDEN NAME	JOCELYN ADOVE BELMI		N/A	N/A
SURNAME	DATAN		N/A	N/A
FIRST NAME	JOCELYN		N/A	N/A
MIDDLE NAME	DATAN		(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	CATARMAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	2006	2009	N/A	2009	N/A
SECONDARY	NEW ORmoc CITY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2013	N/A	2013	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRICULTURE	2013	2017	N/A	2017	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS IN HORTICULTURE	2018	2020	N/A	2020	DOST-SEI ASTHRDP-NSC SCHOLAR

(Continue on separate sheet if necessary)

SIGNATURE		DATE	2/23/21
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IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE/ (if applicable)	
					NUMBER	Date of Validity
	PD 907 - HONOR GRADUATE	N/A	14 06 2017	VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE	100108170650	30 06 2017
	DRIVER'S LICENSE	N/A	27 03 2018	LAND TRANSPORTATION OFFICE, BAYBAY CITY, LEYTE	H1219000261	6 05 2023
	RA 1080 - LICENSED PROFESSIONAL AGRICULTURIST	N/A	5 11 2019	TACLOBAN CITY, LEYTE		

(Continue on separate sheet if necessary)

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	2/23/21
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[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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	2/23/21
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<p>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 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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. ZENaida C. GONZAGA</td> <td>MSCA, BAYBAY CITY, LEYTE</td> <td>9176320387</td> </tr> <tr> <td>DR. SUZETTE B. LINA</td> <td>MSCA, BAYBAY CITY, LEYTE</td> <td>9199613922</td> </tr> <tr> <td>DR. MARILOU M. BENITEZ</td> <td>MSCA, BAYBAY CITY, LEYTE</td> <td>9950568136</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. ZENaida C. GONZAGA	MSCA, BAYBAY CITY, LEYTE	9176320387	DR. SUZETTE B. LINA	MSCA, BAYBAY CITY, LEYTE	9199613922	DR. MARILOU M. BENITEZ	MSCA, BAYBAY CITY, LEYTE	9950568136
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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>													
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<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: 300px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;"> <p>Person Administering Oath</p> </div>													