

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	NAYRE		
FIRST NAME	CRIS JULIUS	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BARBARONA		
3. DATE OF BIRTH (mm/dd/yyyy)	07/18/1993	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	BAYBAY, 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:	17. RESIDENTIAL ADDRESS	Zone 5 House/Block/Lot No. Street Brgy. Guadalupe Subdivision/Village Barangay Baybay City Leyte City/Municipality Province 6521
7. HEIGHT (m)	168 m	18. PERMANENT ADDRESS	Zone 5 House/Block/Lot No. Street Brgy. Guadalupe Subdivision/Village Barangay Baybay City Leyte City/Municipality Province 6521
8. WEIGHT (kg)	69 kg	19. TELEPHONE NO.	n/a
9. BLOOD TYPE	B+	20. MOBILE NO.	09129507028
10. SSIS ID NO.	n/a	21. E-MAIL ADDRESS (if any)	cris.nayre@vsu.edu.ph
11. PAG-IBIG ID NO.	1211-3226-2809		
12. PHILHEALTH NO.	13-050165928-3		
13. SSS NO.	06-3534301-9		
14. TIN NO.	455-013-571		
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)	
MIDDLE NAME	n/a		
OCCUPATION	n/a		
EMPLOYER/BUSINESS NAME	n/a		
BUSINESS ADDRESS	n/a		
TELEPHONE NO.	n/a		
24. FATHER'S SURNAME	Nayre		
FIRST NAME	Crisanto	Jr.	
MIDDLE NAME	Tano		
25. MOTHER'S MAIDEN NAME	Barbarona		
SURNAME	Nayre		
FIRST NAME	Elenita		
MIDDLE NAME	Barbarona		

(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	VisCA Foundation Elementary School		2000	2002			
ELEMENTARY	Alpha Christian School		2002	2006		2006	
SECONDARY	Visayas State University - Laboratory High School		2006	2010		2010	
COLLEGE	Visayas State University	Bachelor of Science In Agribusiness	2010	2014		2014	
GRADUATE STUDIES	Visayas State University	Master of Science in Agribusiness	2018		9 units		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 6, 2024
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

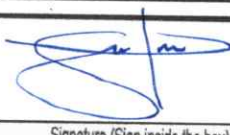
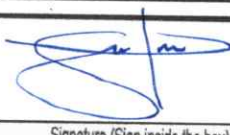
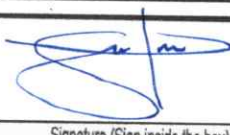






(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 06, 2024
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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>Dr. Antonio P. Abamo</td><td>Brgy. Guadalupe, Baybay City, Leyte</td><td>09209835693</td></tr><tr><td>Dr. Manuel D. Gacutan</td><td>VSU, Baybay City, Leyte</td><td>09176361828</td></tr><tr><td>Rudelito O. Boquel</td><td>Baybay City, Leyte</td><td>09760076342</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. Antonio P. Abamo	Brgy. Guadalupe, Baybay City, Leyte	09209835693	Dr. Manuel D. Gacutan	VSU, Baybay City, Leyte	09176361828	Rudelito O. Boquel	Baybay City, Leyte	09760076342
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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.													
<table><tr><td>Government Issued ID (ID, Passport, SSN, PSA, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: LTO DRIVER'S LICENSE</td></tr><tr><td>ID/License/Passport No.: H12-20-000349</td></tr><tr><td>Date/Place of Issuance: BAYBAY CITY, LEYTE</td></tr></table>	Government Issued ID (ID, Passport, SSN, PSA, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: LTO DRIVER'S LICENSE	ID/License/Passport No.: H12-20-000349	Date/Place of Issuance: BAYBAY CITY, LEYTE	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>06/06/2024</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	06/06/2024	Date Accomplished				
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Right Thumbmark													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>_____ Person Administering Oath</td></tr></table>		_____ Person Administering Oath											
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