

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	TRIPOLE		
FIRST NAME	MARK RYAN	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	ROSAL		
3. DATE OF BIRTH (mm/dd/yyyy)	3/25/1989	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	DUBAI, UNITED ARAB EMIRATES	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	N/A House/Block/Lot No. Street N/A SEGUINON Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province ZIP CODE 6542
7. HEIGHT (m)	1.70	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A SEGUINON Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province ZIP CODE 6542
8. WEIGHT (kg)	77		
9. BLOOD TYPE			
10. GSIS ID NO.	2005468744		
11. PAG-IBIG ID NO.	121058335874		
12. PHILHEALTH NO.	120252864321		
13. SSS NO.		19. TELEPHONE NO.	N/A
14. TIN NO.	351324181	20. MOBILE NO.	+63 920 119 6784
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	mark.rtripole@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			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	TRIPOLE			
FIRST NAME	MARIETO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CABINTOY			
25. MOTHER'S MAIDEN NAME	NYMPHA SOTTO ROSAL			
SURNAME	TRIPOLE			
FIRST NAME	NYMPHA			
MIDDLE NAME	ROSAL		(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	ST. MARY'S CATHOLIC SCHOOL	PRIMARY SCHOOL	1996	2001	N/A	2001	N/A
SECONDARY	ST. MARY'S CATHOLIC HIGH SCHOO	HIGH SCHOOL	2001	2005	N/A	2005	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	DE LA SALLE UNIVERSITY, DASMARIÑAS	ELECTRONICS AND COMMUNICATIONS ENGINEERING	2005	2009	4th Year	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY (MAIN CAMPUS)	BACHELOR OF SCIENCE IN CHEMISTRY	2013	2017	N/A	2017	UNIVERSITY SCHOLAR (3 SEMESTERS)
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS, TALAMBAN CAMPUS	MASTER OF SCIENCE IN CHEMISTRY	2019	2022	N/A	2022	DOST ASTHRDP RECIPIENT

(Continue on separate sheet if necessary)

SIGNATURE	DATE	September 1, 2022
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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
	PROFESSIONAL LICENSE (CHEMIST) [CHEMIST LICENCURE EXAM 2017]	81.3	OCTOBER 10-11, 2017	SAMPALOC, MANILA	0013731	MAR. 25, 2023
	DRIVER'S LICENSE		JUNE, 2019	CEBU CITY	H0316002996	MAR. 25, 2024

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

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[illegible]

<i>SIGNATURE</i>		<i>DATE</i>	September 1, 2022
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<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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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>DR. CANDELARIO L. CALIBO</td> <td>VSU, BAYBAY CITY, LEYTE</td> <td>0917-634-1486</td> </tr> <tr> <td>DR. ALICE A. ACABAL</td> <td>VSU, BAYBAY CITY, LEYTE</td> <td>0921-410-4206</td> </tr> <tr> <td>DR. ELIZABETH S. QUEVEDO</td> <td>VSU, BAYBAY CITY, LEYTE</td> <td>0917-890-5658</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. CANDELARIO L. CALIBO	VSU, BAYBAY CITY, LEYTE	0917-634-1486	DR. ALICE A. ACABAL	VSU, BAYBAY CITY, LEYTE	0921-410-4206	DR. ELIZABETH S. QUEVEDO	VSU, BAYBAY CITY, LEYTE	0917-890-5658
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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>													
<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>PRC-ID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>0013731</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>OCTOBER 24, 2017 (SAMPALOC, MANILA)</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:	PRC-ID	ID/License/Passport No.:	0013731	Date/Place of Issuance:	OCTOBER 24, 2017 (SAMPALOC, MANILA)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 80px; vertical-align: bottom; text-align: center;"> Signature (Sign inside the box) September 1, 2022 Date Accomplished </td> </tr> </table>	Signature (Sign inside the box) September 1, 2022 Date Accomplished	
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<p style="text-align: center;">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;"></div> <div style="border: 1px solid black; width: 300px; height: 20px; margin: 10px auto; text-align: center;"> Person Administering Oath </div>													

ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

Right Thumbmark