

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	CABUGWASON		
FIRST NAME	KIM FRANZ	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BALANGYAO		
3. DATE OF BIRTH (mm/dd/yyyy)	4/12/1995	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:		
7. HEIGHT (m)	1.71	17. RESIDENTIAL ADDRESS	N/A BESIDE PASALUBONG CENTER <i>House/Block/Lot No.</i> <i>Street</i> N/A COGON <i>Subdivision/Village</i> <i>Barangay</i> BAYBAY LEYTE <i>City/Municipality</i> <i>Province</i> ZIP CODE 6521
8. WEIGHT (kg)	64	18. PERMANENT ADDRESS	N/A BESIDE PASALUBONG CENTER <i>House/Block/Lot No.</i> <i>Street</i> N/A COGON <i>Subdivision/Village</i> <i>Barangay</i> BAYBAY LEYTE <i>City/Municipality</i> <i>Province</i> ZIP CODE 6521
9. BLOOD TYPE	O	19. TELEPHONE NO.	563-0127
10. GSIS ID NO.	N/A	20. MOBILE NO.	+639658433263
11. PAG-IBIG ID NO.	N/A	21. E-MAIL ADDRESS (if any)	hoshii.kim08@gmail.com
12. PHILHEALTH NO.	N/A		
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	CABUGWASON			
FIRST NAME	ARTURO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CUASITO			
25. MOTHER'S MAIDEN NAME	ROWENA LUMINDAS BALANGYAO			
SURNAME	CABUGWASON			
FIRST NAME	ROWENA			
MIDDLE NAME	BALANGYAO		(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	BAYBAY II CENTRAL SCHOOL	ELEMENTARY LEVEL	6/5/2001	3/1/2007	GRADUATED	2007	N/A
	SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY LEVEL	6/5/2007	3/1/2011	GRADUATED	2011	N/A
	VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	GRADUATED	N/A	N/A
	COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	6/15/2011	7/17/2020	GRADUATED	2020	N/A
	GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)								
SIGNATURE				DATE		November 22, 2020		

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]


(Continue on separate sheet if necessary)


SIGNATURE	<i>Kim Frang 11/</i>	DATE	NOVEMBER 22, 2020
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	SOCIETY OF AGRIBUSINESS STUDENTS	6/1/2019	6/30/2020	N/A	PUBLIC RELATIONS OFFICER	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	UNDERGRADUATE SEMINAR: BANKING TRANSACTIONS AND PRODUCT OFFERS	12/16/2019	12/16/2019	4.0	MANAGERIAL	DEPT. OF BUSINESS AND MANAGEMENT
	GENDER SENSITIVITY AND ANTI-SEXUAL HARASSMENT ORIENTATION	11/29/2019	11/29/2019	8.0	MANAGERIAL	GENDER AND DEVELOPMENT
	UNDERGRADUATE SEMINAR: CRAFTING AND RESUME SEMINAR	12/9/2019	12/9/2019	4.0	TECHNICAL	DEPT. OF BUSINESS AND MANAGEMENT
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	TEAM SPORT		N/A		SOCIETY OF AGRIBUSINESS STUDENTS
	TRAVEL				
	GAMING				
	MUSIC				
(Continue on separate sheet if necessary)					
SIGNATURE		Kim Franz '11		DATE	NOVEMBER 22, 2020

<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="margin-left: 40px;">Date Filed: _____</p> <p style="margin-left: 40px;">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; margin-top: 5px;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	N/A	N/A	N/A						
NAME	ADDRESS	TEL. NO.											
N/A	N/A	N/A											
<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>													




KIM FRANZ B. CABUGWASON

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID:

ID/License/Passport No.:

Date/Place of Issuance:

Kim Frang 11/

Signature (Sign inside the box)

NOVEMBER 22, 2020

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath