

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases 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	ESCANILLA		
FIRST NAME	RECIA		
MIDDLE NAME	POBLETE		NAME EXTENSION (JR., SR.) N/A
3. DATE OF BIRTH (mm/dd/yyyy)	08/21/2002	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	ALANGALANG, LEYTE	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)	1.48	17. RESIDENTIAL ADDRESS	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ CANVERTUDES Barangay ALANGALANG LEYTE City/Municipality _____ Province _____ ZIP CODE 6517
8. WEIGHT (kg)	40	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ CANVERTUDES Barangay ALANGALANG LEYTE City/Municipality _____ Province _____ ZIP CODE 6517
9. BLOOD TYPE	O	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A	20. MOBILE NO.	09637527658
11. PAG-IBIG ID NO.	121349758480	21. E-MAIL ADDRESS (if any)	Reciaescanilla@gmail.com
12. PHILHEALTH NO.	13-253256062-8		
13. SSS NO.	06-4957742-8		
14. TIN NO.	658-776-016		
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	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	ESCANILLA			
FIRST NAME	TEJONES	NAME EXTENSION (JR., SR.) N/A		
MIDDLE NAME	RICKY			
25. MOTHER'S MAIDEN NAME				
SURNAME	POBLETE			
FIRST NAME	LETECIA			
MIDDLE NAME	PEDRES			

(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	DAPDAP ELEMENTARY SCHOOL	PRIMARY EDUCATION	6/1/2008	4/1/2014	N/A	2014	FOURTH HONOR
SECONDARY	ALANGALANG NATIONAL SCHOOL	HIGHSCHOOL	6/1/2018	4/1/2020	N/A	2020	WITH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY ALANGALANG	BACHELOR OF ELEMENTARY EDUCATION	10/1/2020	07/31/2024	N/A	2024	DEANS LISTER
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE
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[illegible]

(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.

(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)

DATE _____

1. Voluntary work or involvement in civic / non-government / people / voluntary organization/s

[illegible]

(Continue on separate sheet if necessary)

7. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED																																																																																																																																																																																																																																																																																				
7.1	7.1.1	7.1.1.1	7.1.1.2	7.1.1.3	7.1.1.4	7.1.1.5	7.1.1.6	7.1.1.7	7.1.1.8	7.1.1.9	7.1.1.10	7.1.1.11	7.1.1.12	7.1.1.13	7.1.1.14	7.1.1.15	7.1.1.16	7.1.1.17	7.1.1.18	7.1.1.19	7.1.1.20	7.1.1.21	7.1.1.22	7.1.1.23	7.1.1.24	7.1.1.25	7.1.1.26	7.1.1.27	7.1.1.28	7.1.1.29	7.1.1.30	7.1.1.31	7.1.1.32	7.1.1.33	7.1.1.34	7.1.1.35	7.1.1.36	7.1.1.37	7.1.1.38	7.1.1.39	7.1.1.40	7.1.1.41	7.1.1.42	7.1.1.43	7.1.1.44	7.1.1.45	7.1.1.46	7.1.1.47	7.1.1.48	7.1.1.49	7.1.1.50	7.1.1.51	7.1.1.52	7.1.1.53	7.1.1.54	7.1.1.55	7.1.1.56	7.1.1.57	7.1.1.58	7.1.1.59	7.1.1.60	7.1.1.61	7.1.1.62	7.1.1.63	7.1.1.64	7.1.1.65	7.1.1.66	7.1.1.67	7.1.1.68	7.1.1.69	7.1.1.70	7.1.1.71	7.1.1.72	7.1.1.73	7.1.1.74	7.1.1.75	7.1.1.76	7.1.1.77	7.1.1.78	7.1.1.79	7.1.1.80	7.1.1.81	7.1.1.82	7.1.1.83	7.1.1.84	7.1.1.85	7.1.1.86	7.1.1.87	7.1.1.88	7.1.1.89	7.1.1.90	7.1.1.91	7.1.1.92	7.1.1.93	7.1.1.94	7.1.1.95	7.1.1.96	7.1.1.97	7.1.1.98	7.1.1.99	7.1.1.100	7.1.1.101	7.1.1.102	7.1.1.103	7.1.1.104	7.1.1.105	7.1.1.106	7.1.1.107	7.1.1.108	7.1.1.109	7.1.1.110	7.1.1.111	7.1.1.112	7.1.1.113	7.1.1.114	7.1.1.115	7.1.1.116	7.1.1.117	7.1.1.118	7.1.1.119	7.1.1.120	7.1.1.121	7.1.1.122	7.1.1.123	7.1.1.124	7.1.1.125	7.1.1.126	7.1.1.127	7.1.1.128	7.1.1.129	7.1.1.130	7.1.1.131	7.1.1.132	7.1.1.133	7.1.1.134	7.1.1.135	7.1.1.136	7.1.1.137	7.1.1.138	7.1.1.139	7.1.1.140	7.1.1.141	7.1.1.142	7.1.1.143	7.1.1.144	7.1.1.145	7.1.1.146	7.1.1.147	7.1.1.148	7.1.1.149	7.1.1.150	7.1.1.151	7.1.1.152	7.1.1.153	7.1.1.154	7.1.1.155	7.1.1.156	7.1.1.157	7.1.1.158	7.1.1.159	7.1.1.160	7.1.1.161	7.1.1.162	7.1.1.163	7.1.1.164	7.1.1.165	7.1.1.166	7.1.1.167	7.1.1.168	7.1.1.169	7.1.1.170	7.1.1.171	7.1.1.172	7.1.1.173	7.1.1.174	7.1.1.175	7.1.1.176	7.1.1.177	7.1.1.178	7.1.1.179	7.1.1.180	7.1.1.181	7.1.1.182	7.1.1.183	7.1.1.184	7.1.1.185	7.1.1.186	7.1.1.187	7.1.1.188	7.1.1.189	7.1.1.190	7.1.1.191	7.1.1.192	7.1.1.193	7.1.1.194	7.1.1.195	7.1.1.196	7.1.1.197	7.1.1.198	7.1.1.199	7.1.1.200	7.1.1.201	7.1.1.202	7.1.1.203	7.1.1.204	7.1.1.205	7.1.1.206	7.1.1.207	7.1.1.208	7.1.1.209	7.1.1.210	7.1.1.211	7.1.1.212	7.1.1.213	7.1.1.214	7.1.1.215	7.1.1.216	7.1.1.217	7.1.1.218	7.1.1.219	7.1.1.220	7.1.1.221	7.1.1.222	7.1.1.223	7.1.1.224	7.1.1.225	7.1.1.226	7.1.1.227	7.1.1.228	7.1.1.229	7.1.1.230	7.1.1.231	7.1.1.232	7.1.1.233	7.1.1.234	7.1.1.235	7.1.1.236	7.1.1.237	7.1.1.238	7.1.1.239	7.1.1.240	7.1.1.241	7.1.1.242	7.1.1.243	7.1.1.244	7.1.1.245	7.1.1.246	7.1.1.247	7.1.1.248	7.1.1.249	7.1.1.250	7.1.1.251	7.1.1.252	7.1.1.253	7.1.1.254	7.1.1.255	7.1.1.256	7.1.1.257	7.1.1.258	7.1.1.259	7.1.1.260	7.1.1.261	7.1.1.262	7.1.1.263	7.1.1.264	7.1.1.265	7.1.1.266	7.1.1.267	7.1.1.268	7.1.1.269	7.1.1.270	7.1.1.271	7.1.1.272	7.1.1.273	7.1.1.274	7.1.1.275

Start from the most recent LAD training program and include only the relevant LAD training taken for the last five (5) years for Division Chief/Educational/General positions

[illegible]

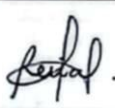


(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

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(Continue on separate sheet if necessary)

SIGNATURE			DATE	
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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 style="text-align: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>a. within the third degree? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p> <p style="text-align: right;"><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 style="text-align: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>b. Have you been criminally charged before any court?</p> <p style="text-align: right;"><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 style="text-align: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</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 phased out (abolition) in the public or private sector?</p> <p style="text-align: right;"><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 style="text-align: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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 style="text-align: right;"><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 style="text-align: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: right;"><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 style="text-align: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p>b. Are you a person with disability?</p> <p style="text-align: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p>c. Are you a solo parent?</p> <p style="text-align: right;"><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>FRANCIS IAN C. BANADO</td> <td>BRGY. BUGHO ALANGALANG LEYTE</td> <td>9352432713</td> </tr> <tr> <td>AIDALYN D. ASERON</td> <td>BRGY. SAN ANTONIO POB. ALANGALANG LEYTE</td> <td>9074106713</td> </tr> <tr> <td>EDMON B. CADANO</td> <td>BRGY. TOMBO ALANGALANG LEYTE</td> <td>9518827280</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	FRANCIS IAN C. BANADO	BRGY. BUGHO ALANGALANG LEYTE	9352432713	AIDALYN D. ASERON	BRGY. SAN ANTONIO POB. ALANGALANG LEYTE	9074106713	EDMON B. CADANO	BRGY. TOMBO ALANGALANG LEYTE	9518827280
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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>													
<p>Government issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government issued ID: <u>Philippine Identification Card</u></p> <p>ID/License/Passport No.: _____</p> <p>Date/Place of Issuance: _____</p>	<p style="text-align: center;">  Signature (Sign inside the box) <u>04 / 23 / 2025</u> Date Accomplished </p>	<p style="text-align: center;">  Right Thumbmark </p>											
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;">  HON. LOVELL ANNE M. YU-CASTRO MUNICIPAL MAYOR Person Administering Oath </div>													