

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.

CSC ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	ABERGIDO		
FIRST NAME	MARICAR	NA	
MIDDLE NAME	CAMPOSANO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/31/1997	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	CALOOCAN CITY	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"/> Widowed <input type="checkbox"/> Other/s:	<input type="checkbox"/> Married <input type="checkbox"/> Separated	
7. HEIGHT (m)	1.52m	17. RESIDENTIAL ADDRESS	PUROK 1 Street PROTECCION Barangay HILONGOS LEYTE City/Municipality 6524
8. WEIGHT (kg)	45kg	ZIP CODE	6524
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	PUROK 1 Street PROTECCION Barangay HILONGOS LEYTE City/Municipality 6524
10. GSIS ID NO.	NA	ZIP CODE	6524
11. PAG-IBIG ID NO.	NA	19. TELEPHONE NO.	NA
12. PHILHEALTH NO.	13-025403276-0	20. MOBILE NO.	09677007296 / 09293425756
13. SSS NO.	06-4236097-5	21. E-MAIL ADDRESS (if any)	maricarabergido3197@gmail.com
14. TIN NO.	NA		
15. AGENCY EMPLOYEE NO.	NA		

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR., SR.) SR. NA	NA	NA
MIDDLE NAME	NA			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	ABERGIDO			
FIRST NAME	CARLITO	NAME EXTENSION (JR., SR.) SR.		
MIDDLE NAME	LUMAKIN			
25. MOTHER'S MAIDEN NAME				
SURNAME	ABERGIDO			
FIRST NAME	MARITES			
MIDDLE NAME	CAMPOSANO			

(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	LINGUNAN ELEM. SCHOOL	PRIMARY	2003	2009	GRADUATED	2009	NA
SECONDARY	HILONGOS NAT'L VOC. SCHOOL	HIGH SCHOOL	2009	2013	GRADUATED	2013	NA
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN MUSIC, ARTS, PHYSICAL EDUCATION & HEALTH	2013	2018	GRADUATED	2018	NA
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA


(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 12, 2021
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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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



VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the program	
2. Description of the program	
3. Date of attendance	
4. Duration of the program	
5. Location of the program	
6. Name of the trainer	
7. Name of the organization	
8. Name of the sponsor	
9. Name of the participant	
10. Name of the supervisor	
11. Name of the manager	
12. Name of the officer	
13. Name of the staff	
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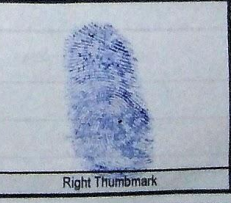
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VIII. OTHER INFORMATION

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SIGNATURE		DATE	JULY 12, 2021
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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>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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: <u>13-025403276-0</u></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>MARUJA C. FLORES</td> <td>HINDANG, LEYTE</td> <td>9193056347</td> </tr> <tr> <td>JOSELLE R. CAYETANO</td> <td>TACLOBAN CITY</td> <td>9476127337</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	MARUJA C. FLORES	HINDANG, LEYTE	9193056347	JOSELLE R. CAYETANO	TACLOBAN CITY	9476127337		
NAME	ADDRESS	TEL. NO.										
MARUJA C. FLORES	HINDANG, LEYTE	9193056347										
JOSELLE R. CAYETANO	TACLOBAN CITY	9476127337										
<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</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>1722557</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>01/14/2019</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/License/Passport No.:	1722557	Date/Place of Issuance:	01/14/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) JULY 12, 2021 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) JULY 12, 2021 Date Accomplished
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Date/Place of Issuance:	01/14/2019											
 Signature (Sign inside the box) JULY 12, 2021 Date Accomplished												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SUBSCRIBED AND SWORN to before me this <u>07/01/2021</u></p> </div> <div style="width: 45%; text-align: right;"> <p>affiant exhibiting his/her validly issued government ID as indicated above.</p> </div> </div> <div style="text-align: center; margin-top: 10px;">  ATTY. GWEN NORBEN A. CAMILA PUBLIC ATTORNEY PURSUANT TO R.A. 4062 </div> <div style="text-align: center; margin-top: 10px;"> <p>Person Administering Oath</p> </div>												


 PHOTO

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