

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	UY		
FIRST NAME	KERRY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BALILI		
3. DATE OF BIRTH (mm/dd/yyyy)	3/13/1994	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
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:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	1.6	ZIP CODE	
8. WEIGHT (kg)	46		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	16 R. MAGSAYSAY AVENUE House/Block/Lot No. Street ZONE 10 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	NA	ZIP CODE	6521
11. PAG-IBIG ID NO.	1211-6842-7116		
12. PHILHEALTH NO.	13-050183761-0		
13. SSS NO.	34-5862179-5	19. TELEPHONE NO.	(053) 563 8427
14. TIN NO.	330-296-717	20. MOBILE NO.	09359454204
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	kerryuy@gmail.com

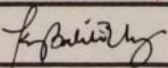
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	NA	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	UY			
FIRST NAME	ROE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	YU			
25. MOTHER'S MAIDEN NAME				
SURNAME	BALILI			
FIRST NAME	NIDA			
MIDDLE NAME	RAPAS		(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	GRACE CHRISTIAN SCHOOL	PRIMARY EDUCATION	2001	2007	GRADUATED	2007	WITH HONORS
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	HIGH SCHOOL	2007	2011	GRADUATED	2011	WITH HONORS
VOCATIONAL / TRADE COURSE	NA						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2011	2015	GRADUATED	2015	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF MANAGEMENT IN AGRIBUSINESS MANAGEMENT	2017	2019	GRADUATED	2019	


(Continue on separate sheet if necessary)

SIGNATURE		DATE	September 27, 2020
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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
	Career Service (Professional) Second Level Eligibility	80.6	10/18/2015	Tacloban City, Leyte	200815100558 1801	
	Driver's License (Non-Professional)			Baybay City, Leyte	H12-20-002091	3/13/2025

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	September 27, 2020
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[illegible]


(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Computer Literate (MS Word, Powerpoint, Excel)	NA	Society of Agribusiness Students (SABS)
Willingness to learn		Sangguniang Kabataan (SK)
Creativity		Society of Agrcultural Educators in Region 8, Inc. (SAER 8)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	September 27, 2020
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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)?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details:

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details:

☐ YES☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ 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?

☐ YES☒ NO

If YES, please specify:

☐ YES☒ NO

If YES, please specify ID No:

☐ YES☒ NO

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
ANALITA A. SALABAO	Visca, Baybay City, Leyte	9235191103
ARGINA M. POMIDA	Visca, Baybay City, Leyte	9777713855
ANTONIO P. ABAMO	Visca, Baybay City, Leyte	9209835693

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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: Driver's License

ID/License/Passport No.: H12-20-002091

Date/Place of Issuance: Baybay City, Leyte

Signature (Sign inside the box)

SEPTEMBER 24, 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

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