

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	ESCO		
FIRST NAME	ASHIERAH RHYCE		NAME EXTENSION (JR., SR)
MIDDLE NAME	BITANG		
3. DATE OF BIRTH (mm/dd/yyyy)	08/29/1994	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	DOÑA MARIA I-P. PRINCESA CEBY CITY	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
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 PUROK 2
7. HEIGHT (m)	1.52		House/Block/Lot No. Street
8. WEIGHT (kg)	61.5	ZIP CODE	N/A GABAS
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	Subdivision/Village Barangay
10. GSIS ID NO.	N/A		BAYBAY LEYTE
11. PAG-IBIG ID NO.	121288902191		City/Municipality Province
12. PHILHEALTH NO.	13-201179662-5	ZIP CODE	6521-A
13. SSS NO.	N/A	19. TELEPHONE NO.	053-560-0210
14. TIN NO.	605-332-632	20. MOBILE NO.	0955-650-8484
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	esco.ashierahrhyce@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	ESCO			
FIRST NAME	CRISPOLO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	KALATRABA			
25. MOTHER'S MAIDEN NAME	CHERRY BITANG			
SURNAME	ESCO			
FIRST NAME	CHERRY			
MIDDLE NAME	BITANG		(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	GABAS CENTRAL SCHOOL	ELEMENTARTY	06/01/2001	04/30/2007	N/A	2007	N/A
SECONDARY	ALTERNATIVE LEARNING SYSTEM ACCREDITATION & EQUIVALENCY TEAST - PALO LEYTE	SECONDARY	10/11/2010	02/15/2011	N/A	2011	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	TERTIARY	10/01/2015	06/20/2020	N/A	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	MAY 03, 2023
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[illegible]

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

[illegible]

SIGNATURE		DATE	MAY 03, 2023
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	BLOOD DONOR REDCROSS	07/09/2021	07/09/2021	1.0	VOLUNTARY
	BLOOD DONOR REDCROSS	08/09/2016	08/09/2016	1.0	VOLUNTARY

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)

[illegible]

VIII. OTHER INFORMATION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
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31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATIONS / CLUBS / SOCIETIES (Write in full)
Microsoft and Google Applications	N/A	N/A
Basic Video Editing		
Story Writing		

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	MAY 03, 2023

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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.
Dr. JOEL Q. MABALHIN	VISAYAS STATE UNIVERSITY	0997 742 8753
DR. RIZALINA TRUYA	VISAYAS STATE UNIVERSITY	563 7527
MS. HONEY SOFIA V. COLIS	VISAYAS STATE UNIVERSITY	053 5637323

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:	PRC
ID/License/Passport No.:	2024383
Date/Place of Issuance:	04/17/2023

Signature (Sign inside the box)

MAY 03, 2023

Date Accomplished

SUBSCRIBED AND SWORN to before me this

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Notary Public for the Province of Leyte, City of Baybay
Notarial Commission No. B-22-06-06
Until December 31, 2023
PTR No. BC0113706 issued on Jan. 3, 2023
IBP No. O. R. No. 057239 issued on Jan. 2, 2023
MCLE COMPLIANCE NO. VII-0008593 Valid until April 14, 2025
Person Administering Oath
ID No. 42391
TIN No. 207-628-623
R. MABALHIN, AVELAR, Baybay City, Leyte

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