

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	DERECHO		
FIRST NAME	MONTYZA		NAME EXTENSION (JR., SR)
MIDDLE NAME	SALABAO		
3. DATE OF BIRTH (mm/dd/yyyy)	22/11/1998	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.	
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 BAYBAY CITY LEYTE
7. HEIGHT (m)	1.3	ZIP CODE	
8. WEIGHT (kg)	60		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province BAYBAY CITY LEYTE
10. GSIS ID NO.		ZIP CODE	
11. PAG-IBIG ID NO.	121298365093		
12. PHILHEALTH NO.	13-025559236-0		
13. SSS NO.	35-0868050-5	19. TELEPHONE NO.	
14. TIN NO.	376-919-765-000	20. MOBILE NO.	+639924022321
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	dmontyza@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DERECHO			
FIRST NAME	ROMEO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GOLIAT			
25. MOTHER'S MAIDEN NAME				
SURNAME	SALABAO			
FIRST NAME	BENEDICTA			
MIDDLE NAME	NAVAS		(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	HIBUNAWAN ELEMENTARY SCHOOL		***	***		2011	SALUTATOR IAN
SECONDARY	BAYBAY NATIONAL HIGHSCHOOL		***	***		2015	ACADEMIC ACHIEVER
VOCATIONAL / TRADE COURSE							
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION, BAYBAY EYTE	BACHELOR OF SECONDARY EDUCATION	***	***		2020	DEAN'S LIST
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 17, 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	AUGUST 17, 2023
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

[illegible][illegible]





(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)
DATA ENTRY DOCUMENTATION		
COMPUTER LITERATE		
MICROSOFT OFFICE PROFICIENT		
COMMUNICATION SKILLS		
CAN WORK UNDER PRESSURE		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	AUGUST 17, 2023
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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> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">RESIGNATION</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;"> <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>DELLIO V. BELMORES</td> <td>BIDLINAN, BAYBAY</td> <td>9304932740</td> </tr> <tr> <td>MARGIE SUAREZ</td> <td>HILAPNITAN, BAYBAY</td> <td>9632658770</td> </tr> <tr> <td>AEVEE HEIRESSHE BORJA</td> <td>ZONE 11, BAYBAY</td> <td>9368221854</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DELLIO V. BELMORES	BIDLINAN, BAYBAY	9304932740	MARGIE SUAREZ	HILAPNITAN, BAYBAY	9632658770	AEVEE HEIRESSHE BORJA	ZONE 11, BAYBAY	9368221854
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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>													
<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>DRIVER'S LICENSE</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>H12-21-200596</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>11/19/2021 - LTO BAYBAY</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:	DRIVER'S LICENSE	ID/License/Passport No.:	H12-21-200596	Date/Place of Issuance:	11/19/2021 - LTO BAYBAY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) AUGUST 17, 2023 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) AUGUST 17, 2023 Date Accomplished	
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<div style="text-align: center;">  PHOTO </div> <div style="text-align: center; height: 100px; border: 1px solid black; margin-top: 10px;"> Right Thumbmark </div>													
<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;"> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto; text-align: center;"> Person Administering Oath </div> </div>													