

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 if accomplished through own handwriting. Tick appropriate boxes ☐ and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION			
1. SURNAME	ESPENILE		
2. FIRST NAME	MARNEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BILLONA		
3. DATE OF BIRTH (dd/mm/yyyy)	09/12/1982	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BRGY. PATAG, BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input checked="" type="checkbox"/> by naturalization
5. SEX AT BIRTH	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		P/s. indicate country:
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.64M	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	73KG		Subdivision/Village Barangay
9. BLOOD TYPE			BAYBAY CITY LEYTE
10. UMID ID NO.			City/Municipality Province
11. PAG-IBIG ID NO.	1212 0397 6012	18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	13-202073976-6	ZIP CODE	House/Block/Lot No. Street
13. PhilSys Number (PSN):	06-37297354		Subdivision/Village Barangay
14. TIN NO.	455-566-320		BAYBAY CITY LEYTE
15. AGENCY EMPLOYEE NO.			City/Municipality Province
		19. TELEPHONE NO.	NONE
		20. MOBILE NO.	09317613018
		21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND				
22. SPOUSE'S SURNAME	23. NAME of CHILDREN (Write full name and list all)		DATE OF BIRTH (dd/mm/yyyy)	
FIRST NAME	MELITA	NAME EXTENSION (JR., SR)	MARNEL ESPENILE JR.	12/14/2006
MIDDLE NAME	CUEVAS		ZIDRICK ESPENILE	01/22/2010
OCCUPATION	OFW			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ESPENILE			
FIRST NAME	MARIANO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	JAMA			
25. MOTHER'S MAIDEN NAME				
SURNAME	BILLONIA			
FIRST NAME	PONSIANA			
MIDDLE NAME				
(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 ELEMENTARY SCHOOL	Elementary Graduate	1990	1996		1996	
SECONDARY							
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							

SIGNATURE		DATE	10/29/25
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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	10/29/25
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[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)
DRIVING		
PLANTING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/29/25
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<div>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)?</div>		<div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div></div>												
<div>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<div>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?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<div>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?</div>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div></div>												
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></div>												
<div>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), 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?</div>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div></div>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>OFFICE / RESIDENTIAL ADDRESS</th><th>CONTACT NO. AND/OR EMAIL</th></tr><tr><td>SUZETTE B. LINA</td><td>DSS, VISAYAS STATE UNIVERSITY</td><td></td></tr><tr><td>DEEJAY M. LUMANAO</td><td>DSS, VISAYAS STATE UNIVERSITY</td><td></td></tr><tr><td>BEATRIZ C. JADINA</td><td>DSS, VISAYAS STATE UNIVERSITY</td><td></td></tr></table>			NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL	SUZETTE B. LINA	DSS, VISAYAS STATE UNIVERSITY		DEEJAY M. LUMANAO	DSS, VISAYAS STATE UNIVERSITY		BEATRIZ C. JADINA	DSS, VISAYAS STATE UNIVERSITY	
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<div>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.</div>		<div> </div>												
<div><div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div><div>Government Issued ID: DRIVERS LICENSE</div><div>ID/License/Passport No.: H12-14-001618</div><div>Date/Place of Issuance:</div></div>	<div><div> Signature (Sign inside the box)</div><div>Date Accomplished</div></div>													
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validity issued government ID as indicated above.</div> <div><div></div><div>Person Administering Oath</div></div>														