

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	OLEMBERIO		
FIRST NAME	LOREZ	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MALATE		
3. DATE OF BIRTH (mm/dd/yyyy)	3/16/1994	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	LAPAZ, 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:		
7. HEIGHT (m)	5'3	17. RESIDENTIAL ADDRESS	ZONE 6 House/Block/Lot No. Street UTOD GUADALUPE Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
8. WEIGHT (kg)	45	ZIP CODE	
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	ZONE 6 House/Block/Lot No. Street UTOD GUADALUPE Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	19. TELEPHONE NO.	N/A
13. SSS NO.	N/A	20. MOBILE NO.	03298121750
14. TIN NO.	N/A	21. E-MAIL ADDRESS (if any)	lorezolemberio2@gmail.com
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	POLIQUIT		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	STEVEN LOUIE	NAME EXTENSION (JR., SR)	ZYLLE LOURENZ O. POLIQUIT	12/9/2014
MIDDLE NAME	OLAER			
OCCUPATION	PART-TIME ELECTRICIAN			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	9617333027			
24. FATHER'S SURNAME	OLEMBERIO			
FIRST NAME	LORENZO	Sr		
MIDDLE NAME	MANANG			
25. MOTHER'S MAIDEN NAME				
SURNAME	MALATE			
FIRST NAME	FE			
MIDDLE NAME	MOLON			
(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	LIMBA ELEM. SCHOOL					2006	4TH HONOR
SECONDARY	ATTY. ROQUE A. MARCOS MEMORIAL SCHOOL (ARRAMMS)					2010	N/A
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY (VSU)	BACHELOR OF SCIENCE IN AGRIBUSINESS				2017	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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