

# 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	PASTORIL		
FIRST NAME	MARK ANTHONY		NAME EXTENSION (JR., SR.)
MIDDLE NAME	N/A		
3. DATE OF BIRTH (mm/dd/yyyy)	6/1/1990	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	MANILA	If holder of dual citizenship, please indicate the details	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Philippines	
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	House/Block/Lot No. <span style="float: right;">Street</span> <b>APOLONIA VILLAGE</b> <span style="float: right;">POBLACION</span> Subdivision/Village <span style="float: right;">Barangay</span> <b>ALBUERA</b> <span style="float: right;">LEYTE</span> City/Municipality <span style="float: right;">Province</span>
7. HEIGHT (m)	1.6 m	ZIP CODE	6542
8. WEIGHT (kg)	65 KG	18. PERMANENT ADDRESS	562 House/Block/Lot No. <span style="float: right;">Street</span> <b>SITIO CALINGATNAN</b> <span style="float: right;">SAN PEDRO</span> Subdivision/Village <span style="float: right;">Barangay</span> <b>ALBUERA</b> <span style="float: right;">LEYTE</span> City/Municipality <span style="float: right;">Province</span>
9. BLOOD TYPE	AB+	ZIP CODE	6542
10. GSIS ID NO.	2005473383	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121169143923	20. MOBILE NO.	09481263879
12. PHILHEALTH NO.	13-252582271-4	21. E-MAIL ADDRESS (if any)	markpastoril@gmail.com
13. SSS NO.	N/A		
14. TIN NO.	474-040-401		
15. AGENCY EMPLOYEE NO.	N/A		

## II. FAMILY BACKGROUND

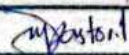
22. SPOUSE'S SURNAME	ANDO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CINDY	NAME EXTENSION (JR., SR.)	ROQUE A. PASTORIL	8/5/2016
MIDDLE NAME	NABRE		FAITH JOSEPHINE A. PASTORIL	3/19/2021
OCCUPATION	N/A		SOFIA A. PASTORIL	4/30/2022
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ALMEROS (DECEASED)			
FIRST NAME	JOHN	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	MANABIT			
25. MOTHER'S MAIDEN NAME				
SURNAME	PASTORIL			
FIRST NAME	AMALIA			
MIDDLE NAME	ANTIGUA			

(Continue on separate sheet if necessary)

## III. EDUCATIONAL BACKGROUND

25. 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 HONOR RECEIVED
			From	To			
ELEMENTARY	ALBUERA NORTH CENTRAL SCHOOL	N/A	1997	2003	N/A	2003	N/A
SECONDARY	ALBUERA PRIVATE HIGH SCHOOL	N/A	2003	2007	N/A	2007	N/A
VOCATIONAL / TRADE COURSE	AMA COMPUTER LEARNING CENTER	BASIC BUSINESS APPLICATIONS ( MS OFFICE)	Apr-07	May-07	N/A	2007	N/A
COLLEGE	SYSTEMS TECHNOLOGY INSTITUTE	DIPLOMA IN INFORMATION TECHNOLOGY	2007	2009	N/A	2009	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

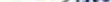
SIGNATURE		DATE	NOVEMBER 12, 2024
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[illegible]

## V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	NOVEMBER 12, 2024



## VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	NOVEMBER 12, 2024
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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.
RODOLFO A. CASANE JR.,	BRGY. POBLACION, ALBUERA, LEYTE	562-9155
FLORDELIZ A. PARRILLA	BRGY. POBLACION, ALBUERA, LEYTE	562-9466

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: **PHILHEALTH**  
ID/License/Passport No.: **13-252582271-4**  
Date/Place of Issuance: **ORMOC, CITY**

*mpastoil*

Signature (Sign inside the box)  
**NOVEMBER 12, 2024**  
Date Accomplished



SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath