

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 (☐)d 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	OLIVEROS		
FIRST NAME	MARIA TRISHA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	N/A		
3. DATE OF BIRTH (mm/dd/yyyy)	02/04/1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	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"/> Other/s:	17. RESIDENTIAL ADDRESS	Philippines
7. HEIGHT (m)	1.60 m	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	54 kg		Subdivision/Village Barangay
9. BLOOD TYPE	"B+"		City/Municipality Province
10. GSIS ID NO.	2005386142		
11. PAG-IBIG ID NO.	121226704614		
12. PHILHEALTH NO.	13-250366247-0	18. PERMANENT ADDRESS	House/Block/Lot No. Street
13. SSS NO.	06-4385245-3	ZIP CODE	BRGY. CARIDAD Barangay
14. TIN NO.	346-795-216-0000		BAYBAY CITY LEYTE
15. AGENCY EMPLOYEE NO.			City/Municipality Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	0926-362-8620
		21. E-MAIL ADDRESS (if any)	mariatrishao@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	N/A		
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	OLIVEROS		
FIRST NAME	CIELO GUZMAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ESTREMOS	N/A	
25. MOTHER'S MAIDEN NAME			
SURNAME	PAGALAN		
FIRST NAME	TERESITA		
MIDDLE NAME	VALENZONA	(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	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	PRIMARY EDUCATION	2004	2010	N/A	210	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	2010	2014	N/A	2014	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF ARTS IN COMMUNICATION-MEDIA	2014	2018	N/A	2018	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 23,2022
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
N/A	N/A	N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)						
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)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ADMINISTRATIVE OFFICER'S TRAINING COURSE	11/10/2018	12/10/2018	16	TECHNICAL	HUMAN RESOURCE DEVELOPMENT
	SERVICES AND PROCEDURES RATIONALIZATION AND IMPROVEMENT IN GOVERNMENT (SPRING) TRAINING	07/24/2018	07/27/2018	120	MANAGERIAL	CEBU RESOURCE MANAGEMENT AND DEVELOPMENT CENTER
	BASIC LIFE SUPPORT AND FIRST AID TRAINING	06/13/2018	06/14/2018	16	TECHNICAL	CEBU CITY DISASTER RISK REDUCTION AND MANAGEMENT OFFICE
	MAYOR'S MANAGEMENT TEAM OREIENTATION FOR NEWLY HIRED EMPLOYEES	06/06/2018	06/96/2018	8	FOUNDATION	CEBU RESOURCE MANAGEMENT AND DEVELOPMENT CENTER
(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)		
	COMPUTER LITERATE	N/A		N/A		
	SPORTS ENTHUSIAST					
	PLAYING TABLE TENNIS					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	January 23, 2022	

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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div></div> If YES, give details: <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><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>Date Filed: <div></div>Status of Case/s: <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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div></div> If YES, give details: <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><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div></div> If YES, give details: <div>RESIGNATION</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><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>			
39. Have you acquired the status of an immigrant or permanent resident of another country?			<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div></div> If YES, give details (country): <div></div>			
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?			<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: <div></div></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><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: <div></div></div></div></div>			
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)						
NAME			ADDRESS		TEL. NO.	
TOMAS R.OSMEÑA			CEBU CITY		0917-3329-9999	
CHARLIE JOHN S. MARATAS			CEBU CITY		0917-133-8435	
ATTY. DELIGHT LADOT			CEBU CITY		0917-319-3214	
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>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: PASSPORT</div> <div>ID/License/Passport No.: P9789860A</div> <div>Date/Place of Issuance: 12/03/2018</div>			<div><div>Mtpolivena</div><div>Signature (Sign inside the box)</div><div>January 23,2022</div><div>Date Accomplished</div></div>			<div><div>PHOTO</div></div> <div><div><div>Right Thumbmark</div></div></div>
SUBSCRIBED AND SWORN to before me this <div></div> , affiant exhibiting his/her validly issued government ID as indicated above.						
<div></div> <div>Person Administering Oath</div>						