

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	Mascariñas		
FIRST NAME	Marife	NAME EXTENSION (JR., SR)	
MIDDLE NAME	aragon		
3. DATE OF BIRTH (mm/dd/yyyy)	12/30/1986	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	City of baybay	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
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:		
7. HEIGHT (m)	5'2	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street
8. WEIGHT (kg)	50		Subdivision/Village Barangay
9. BLOOD TYPE			Santa cruz
10. GSIS ID NO.			City/Municipality Province
11. PAG-IBIG ID NO.	924261282699		6521 Baybay leyte
12. PHILHEALTH NO.	130251420530	18. PERMANENT ADDRESS	House/Block/Lot No. Street
13. SSS NO.	0635813031		Subdivision/Village Barangay
14. TIN NO.			City/Municipality Province
15. AGENCY EMPLOYEE NO.			6521 Baybay Leyte
			19. TELEPHONE NO.
		20. MOBILE NO.	09659483863
		21. E-MAIL ADDRESS (if any)	marifemascar@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Mascariñas	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Carey lou	James Clark Mascariñas	10/11/2009
MIDDLE NAME	Paraiso	Jellian Claire Mascariñas	09/19/10
OCCUPATION	field Officer		
EMPLOYER/BUSINESS NAME	Sc Global		
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	Aragon		
FIRST NAME	Carlito		
MIDDLE NAME	Herdeles		
25. Mothers maiden name	Cuaton		
SURNAME	Aragon		
FIRST NAME	Marry Anne		
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	Sta.Cruz Elementary	Brgy.Sta.Cruz Baybay city Leyte	06/20/1995	04/25/2001			
SECONDARY	Baybay National High School	30 december st.Baybay city Leyte	12/6/2002	04/30/2005			
VOCATIONAL / TRADE COURSE							
COLLEGE	Visayas State University	Visca Baybay city leyte	06/27/2017	08/24/2024			
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

<i>SIGNATURE</i>		<i>DATE</i>	
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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		
	Barangay Sta. Cruz	5/1/2017	01/20/2024		Barangay health Worker
	Barangay Sta. Cruz	02/30/2019	8/1/2025		Barangay Nutrion Sholar
	Barangay Sta. Cruz	03/24/2021	2/4/2024		BMIS Data Encoder
	Petron Gasoline Station	01/15/2007	10/7/2009		Cashier
	Prince town baybay	11/3/2015	12/20/2016		Promodiser
	Personal collection	10/16/2024	05/16/2025		Brand ambassador
	Mcia Life Insurance	10/11/2024	07/28/2025		Cashier

(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)
Biking		
walking		
cooking		

(Continue on separate sheet if necessary)

<i>(Signature of Client or Representative)</i>			
<i>SIGNATURE</i>		<i>DATE</i>	

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Lourdes Gumba</td> <td>Brgy.Sta.Cruz</td> <td>9066145260</td> </tr> <tr> <td>Rhowel Sacedor</td> <td>Brgy.Sta.Cruz</td> <td>9510905259</td> </tr> <tr> <td>Ruel P.Israel</td> <td>Brgy.Sta.Cruz</td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Lourdes Gumba	Brgy.Sta.Cruz	9066145260	Rhowel Sacedor	Brgy.Sta.Cruz	9510905259	Ruel P.Israel	Brgy.Sta.Cruz	
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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.													
<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.) PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td style="width: 50%;">National Id</td> <td>3846971209137514</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td></td> </tr> <tr> <td>Date/Place of Issuance:</td> <td></td> </tr> </table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		National Id	3846971209137514	ID/License/Passport No.:		Date/Place of Issuance:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; vertical-align: bottom; text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="height: 30px; vertical-align: bottom; text-align: center;">Date Accomplished</td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished	<div style="text-align: center;">  PHOTO </div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <div style="text-align: center; margin-top: 5px;">Right Thumbmark</div>	
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div style="border: 1px solid black; width: 300px; height: 60px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 300px; height: 30px; margin: 0 auto; text-align: center;">Person Administering Oath</div>													