

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	TIOPEs		
FIRST NAME	CHELSEA DIMPLES		N/A
MIDDLE NAME	ANTONI		
3. DATE OF BIRTH (mm/dd/yyyy)	12/30/99	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	TACLOBAN CITY	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:	17. RESIDENTIAL ADDRESS	BLK 3 LOT 10 N/A House/Block/Lot No. Street KADUNGGANAN VILLAGE BARANGAY 62-A Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.53 m	ZIP CODE	6500
8. WEIGHT (kg)	55 KG		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	BLK 3 LOT 10 N/A House/Block/Lot No. Street KADUNGGANAN VILLAGE BARANGAY 62-A Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6500
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-250945875-1	19. TELEPHONE NO.	053-3002030
13. SSS NO.	N/A	20. MOBILE NO.	09691279417
14. TIN NO.	N/A	21. E-MAIL ADDRESS (if any)	catiopes@up.edu.ph
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	N/A	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	TIOPEs		N/A	N/A
FIRST NAME	MELITON	N/A	N/A	N/A
MIDDLE NAME	QUINTAS		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	ANTONI		N/A	N/A
FIRST NAME	JOCYLEN		N/A	N/A
MIDDLE NAME	ALBARIDO		(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	HOLY INFANT COLLEGE	PRIMARY EDUCATION	06/05/2006	03/30/2012	N/A	2012	3RD HONORS
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	SENIOR HIGH SCHOOL	06/03/2013	04/06/2018	N/A	2018	WITH HONORS, SERVICE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF THE PHILIPPINES VISAYAS TACLOBAN COLLEGE	BACHELOR OF ARTS IN PSYCHOLOGY	08/06/2018	07/26/2022	N/A	2022	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	01/09/2023
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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	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	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						
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			
	FACILITATORS' TRAINING FOR THE KATATAGAN ONLINE PSYCHOEDUCATION RESILIENCE	05/25/2022	05/26/2022	16.0	KILLS TRANIN	UNIVERISTY OF THE PHILIPPINES VISAYAS TACLOBAN COLLEGE.
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A
(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)		
	Graphic Design using Powerpoint Presentation, Canva, and Adobe	N/A		HALLYUPI		
	Simple Video Editing	N/A		STEP UP		
	Image Editing	N/A		AMPLIFY UP		
	Creative Writing	N/A		N/A		
	Research Writing	N/A		N/A		
	N/A	N/A		N/A		
	N/A	N/A		N/A		
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	01/09/2023	

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><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>N/A</div></div>	
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?		<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: N/A</div>Status of Case/s: </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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<div>N/A</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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<div>N/A</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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<div>N/A</div></div>	
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<div>N/A</div></div>	
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country):<div>N/A</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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify:<div>N/A</div></div> <div><input checked="" type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No:<div>N/A</div></div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No:<div>N/A</div></div>	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)			
NAME		ADDRESS	TEL. NO.
EDUARDO R. GALAPON III, RN, LPT,MAN,MAED		LEYTE NATIONAL HIGH SCHOOL- SENIOR HIGH TACLOBAN CITY	9674278245
ERVINA A. ESPINA, PhD		DIVISION OF SOCIAL SCIENCES, UP VISAYAS TACLOBAN COLLEGE	9159663246
ROWENA S. GUIANG, PhD		DIVISION OF SOCIAL SCIENCES, UP VISAYAS TACLOBAN COLLEGE	9175185722
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: NATIONAL ID</div> <div>ID/License/Passport No.: 2016-3715-3421-8056</div> <div>Date/Place of Issuance: 03/10/2022 TACLOBAN CITY</div>		<div><div></div><div>Signature (Sign inside the box)</div><div>01/14/2023</div><div>Date Accomplished</div></div>	
		<div><div></div><div>Right Thumbmark</div></div>	
SUBSCRIBED AND SWORN to before me this , affiant exhibiting his/her validly issued government ID as indicated above.			
<div></div> <div>Person Administering Oath</div>			