

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	VALLES			
FIRST NAME	EIKO CAMILLE			
MIDDLE NAME	PADERO			
3. DATE OF BIRTH (mm/dd/yyyy)	08/29/2001	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	PALO, 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:	17. RESIDENTIAL ADDRESS	ROMUALDEZ Street LIBTONG Barangay SAN MIGUEL LEYTE City/Municipality Province 6518	
7. HEIGHT (m)	1.63	18. PERMANENT ADDRESS	ROMUALDEZ Street LIBTONG Barangay SAN MIGUEL LEYTE City/Municipality Province 6518	
8. WEIGHT (kg)	45		ZIP CODE	6518
9. BLOOD TYPE	N/A		ZIP CODE	
10. GSIS ID NO.	N/A			
11. PAG-IBIG ID NO.	12-134613010-6	19. TELEPHONE NO.	N/A	
12. PHILHEALTH NO.	13-025599667-4	20. MOBILE NO.	09274556168	
13. SSS NO.	06-4809829-6	21. E-MAIL ADDRESS (if any)	camillesellav@gmail.com	
14. TIN NO.	655-067-866			
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	NAME EXTENSION (JR., SR.)		N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	VALLES			
FIRST NAME	NOEL	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	CANARIAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	PADERO			
FIRST NAME	AIREEN			
MIDDLE NAME	MISAGAL			

(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	SAN MIGUEL CENTRAL SCHOOL					2014	TOP 9
SECONDARY	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	ACCOUNTANCY AND BUSINESS MANAGEMENT				2020	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE							
COLLEGE	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	BACHELOR OF SCIENCE IN ACCOUNTANCY				2024	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	09/13/2024
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	
		09/13/2024	


[illegible]


VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/ TRAINING PROGRAMS ATTENDED

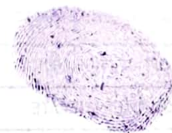
[illegible]

ALL OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
MS OFFICE PROFICIENCY	N/A	NATIONAL INSTITUTE OF ACCOUNTING TECHNICIANS
COMPUTER LITERATE		
BOOKKEEPING		

SIGNATURE		DATE	09/13/2024
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>MS. MYRENE C. DELA PASION</td> <td>TACLOBAN CITY</td> <td>9274373418</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	MS. MYRENE C. DELA PASION	TACLOBAN CITY	9274373418						
NAME	ADDRESS	TEL. NO.											
MS. MYRENE C. DELA PASION	TACLOBAN CITY	9274373418											
<p>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.</p>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: PHILHEALTH</p> <p>ID/License/Passport No.: 13-025599667-4</p> <p>Date/Place of Issuance: TACLOBAN CITY</p>	<div style="text-align: center;">  Signature (Sign inside the box) Date Accomplished: 09/13/2024 </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SUBSCRIBED AND SWORN to before me this</p> </div> <div style="width: 45%; text-align: right;"> <p>13 SEP 2024</p> <p>attest to the signing of this document by the person exhibiting his/her validly issued government ID as indicated above.</p> </div> </div> <div style="text-align: center; margin-top: 10px;"> <p>ATTY. JERRY S. UY Notary Public Until December 31, 2025 Appointment No. NC 2024-01-65 168 M. C. Del Pilar St., Tacloban City PTR No. 10-00000000-00000000-00000000 Roll of Attorneys No. 38363, IBP No. 06666 MCLE Comp. No. VIII-0002733, Until April 14, 2028</p> </div>													



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