

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	BOLECHE		
FIRST NAME	VAN VIANEN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GAYAS		
3. DATE OF BIRTH (mm/dd/yyyy)	01/05/2002	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	JARO LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
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	SITIO TINAG-AN UNO House/Block/Lot No. Street IPIL Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province 6541
7. HEIGHT (m)	1.52	ZIP CODE	
8. WEIGHT (kg)	50		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	SITIO TINAG-AN UNO House/Block/Lot No. Street IPIL Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province 6541
10. GSIS ID NO.	NA	ZIP CODE	
11. PAG-IBIG ID NO.	NA		
12. PHILHEALTH NO.	13-250757741-9		
13. SSS NO.	NA	19. TELEPHONE NO.	NA
14. TIN NO.	773-654-6160-000	20. MOBILE NO.	09394574052
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	vanboleche@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR., SR)	NA	NA
MIDDLE NAME	NA			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	BOLECHE			
FIRST NAME	CESAR	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TALBO			
25. MOTHER'S MAIDEN NAME				
SURNAME	BOLECHE			
FIRST NAME	HELEN			
MIDDLE NAME	GAYAS		(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	IPIL CENTRAL SCHOOL	ELEMENTARY	06/04/2007	04/05/2013	GRADUATED	2013	WITH HONORS
SECONDARY	IPIL NATIONAL HIGH SCHOOL (SSC) ACLC COLLEGE OF ORMOC	JUNIOR HIGH SCHOOL(SHS-ICT-PROGRAMMING STRAND)	06/01/2013	24/07/2020	GRADUATED	2020	WITH HONORS
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY - ORMOC CAMPUS	BACHELOR OF SCIENCE IN SECONDARY EDUCATION (MAJOR IN GENERAL SCIENCE)	08/24/2020	07/12/2024	GRADUATED	2024	ACADEMIC ACHIEVER
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA


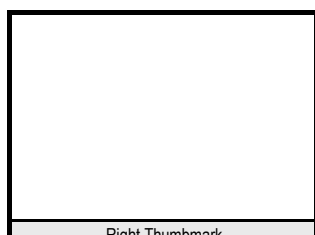
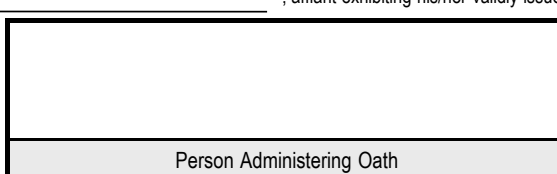
(Continue on separate sheet if necessary)

SIGNATURE		DATE	September 5, 2025
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IV. CIVIL SERVICE ELIGIBILITY					
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)
					NUMBER
	LICENSED PROFESSIONAL TEACHER	85.40	23/03/2025	TACLOBAN CITY	233155101/05/2028
(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.								
28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
	From	To						
	08/05/2024	05/30/2025	Part-time Assistant Admin Officer	Camp Downes Elementary School, Department of Education	1500.00	NA	Part-time job	Yes
	10/07/2023	05/22/2024	Pre-Service Teacher	Ipil National High School, Department of Education	NA	NA	OJT	Yes
(Continue on separate sheet if necessary)								
SIGNATURE				DATE	September 5, 2025			

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			
	GENDER AND DEVELOPMENT YOUTH COORDINATORS-EVSU ORMOC	09/04/2023	07/10/2024		VICE PRESIDENT FOR EVENTS	
	READING ADVOCACY AS VALUED VOLUNTEER IN QUEZON JR. ELEM SCHOOL	06/30/2024	06/30/2024	4HRS	VALUED VOLUNTEER	
(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			
	DEVELOPING EXPERTISE DEEP DIVE INTO JOB FUNCTIONS FOR NON-TEACHING PERSONNEL	05/03/2025	05/03/2025	3HRS	TECHNICAL	Career Advancement, Research, and Lifelong Learning (CARL INSTITUTE)
	INTERNATIONAL SEMINAR ON LEADERSHIP AND OFFICE ADMINISTRATION	04/15/2025	04/24/2025	80HRS	TECHNICAL	Continuing Professional Development Center for Trainings (CPDCFT) Training Center
	COMPUTER SKILLS DEVELOPMENT TRAINING IMPROVING CLASSROOM LEARNING THRU ICT	04/01/2025	04/10/2025	80HRS	TECHNICAL	Continuing Professional Development Center for Trainings (CPDCFT) Training Center
	CAREER DEVELOPMENT AND OFFICE SYSTEM ADMINISTRATION IN SCHOOLS	03/15/2025	03/24/2025	80HRS	TECHNICAL	Continuing Professional Development Center for Trainings (CPDCFT) Training Center
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
	Knowledgeable in Google workspace, canva, and Microsoft apps (MS word, excel, powerpoint, publisher, graphic designing)		1st Place of the Advocacy Video Making Contest during Science Month Celebration 2022	NA		
	Photography, modelling, video editing, directing, content creator		1st Place in Essay Writing Contest during the Science Month Culmination 2023			
	Dancing, singing, cooking, writing stories, reading		2nd Place in Reading Photo Competition in Celebration of the 31st Library and Information Services (LIS) 2021			
			Best in Innovation 2020			
			Miss ACLC 2019			
			Dance Troupe Awardee			
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	September 5, 2025	

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 checked="" 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)		
NAME	ADDRESS	TEL. NO.
CHERYL I. LUNA	SCHOOL HEAD, MABINI ELEMENTARY SCHOOL, ORMOC CITY	09164665628
MA. JEREZA C. MATIGA, DevEdD	District II Public School's District Supervisor, Ormoc City	09482099877
DR. BEATRICE D. MABITAD	Head- Research Development Office Eastern Visayas State University, Ormoc City	09688560991
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		 Signature (Sign inside the box) SEPTWMBER 5, 2025 Date Accomplished
Government Issued ID: NATIONAL ID		
ID/License/Passport No.: 3963-8217-4187-0423		
Date/Place of Issuance: OCT. 10, 2022 / ORMOC CITY		
 Right Thumbmark		
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
 Person Administering Oath		