

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)

PERSONAL INFORMATION			
2. SURNAME	CABILING		
FIRST NAME	ANTHON MIGUEL	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ELORCHA		
3. DATE OF BIRTH (mm/dd/yyyy)	DECEMBER 18, 1999	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	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	222 ANDRES BONIFACIO House/Block/Lot No. Street N/A PAULINO AVELLANA Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.65 (m)	ZIP CODE	6521
8. WEIGHT (kg)	80 (kg)	18. PERMANENT ADDRESS	222 ANDRES BONIFACIO House/Block/Lot No. Street N/A PAULINO AVELLANA Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	AB+	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121345953919	20. MOBILE NO.	0965-088-4751
12. PHILHEALTH NO.	132029636390	21. E-MAIL ADDRESS (if any)	CABILINGANTHONMIGUEL@GMAIL.COM
13. SSS NO.	06-4908601-6		
14. TIN NO.	654-802-764		
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	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CABILING			
FIRST NAME	MIGUEL	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	PERNITO			
25. MOTHER'S MAIDEN NAME	ELORCHA			
SURNAME	ISRAEL			
FIRST NAME	BABILYN			
MIDDLE NAME	OLMOGES			
(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	GUADALUPE ELEMENTARY SCHOOL	PRIMARY EDUCATION	2007	2013	GRADUATED	2013	1ST HONOR	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	JUNIOR HIGH SCHOOL	2013	2017	GRADUATED	2017	WITH HONOR	
	BAYBAY CITY SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL	2017	2019	GRADUATED	2019	WITH HIGHEST HONOR	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
COLLEGE	ACLIC COLLEGE OF ORMOC	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	2019	2020	45 UNITS	N/A	N/A	
	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN STATISTICS	2020	2024	GRADUATED	2024	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	JULY 16, 2024
-----------	--	------	---------------

[illegible]

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)

80

DATE

JULY 26, 2024

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)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>THEA C. GALOS</td><td>TACLOBAN CITY, LEYTE</td><td>9276039033</td></tr><tr><td>HANNA RACHELLE A. GOHIL</td><td>JAVIER, LEYTE</td><td>9169451197</td></tr><tr><td>ABEL KEINT G. TIGOL</td><td>BAYBAY CITY, LEYTE</td><td>9569878955</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	THEA C. GALOS	TACLOBAN CITY, LEYTE	9276039033	HANNA RACHELLE A. GOHIL	JAVIER, LEYTE	9169451197	ABEL KEINT G. TIGOL	BAYBAY CITY, LEYTE	9569878955
NAME	ADDRESS	TEL. NO.											
THEA C. GALOS	TACLOBAN CITY, LEYTE	9276039033											
HANNA RACHELLE A. GOHIL	JAVIER, LEYTE	9169451197											
ABEL KEINT G. TIGOL	BAYBAY CITY, LEYTE	9569878955											
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><tr><td>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>Government Issued ID: PHILIPPINE IDENTIFICATION CARD</td></tr><tr><td>ID/License/Passport No.: 2179-6375-8730-9471</td></tr><tr><td>Date/Place of Issuance: JUL 26 2024 BAYBAY CITY, LEYTE</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: PHILIPPINE IDENTIFICATION CARD	ID/License/Passport No.: 2179-6375-8730-9471	Date/Place of Issuance: JUL 26 2024 BAYBAY CITY, LEYTE	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>JULY 26 2024</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	JULY 26 2024	Date Accomplished				
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID: PHILIPPINE IDENTIFICATION CARD													
ID/License/Passport No.: 2179-6375-8730-9471													
Date/Place of Issuance: JUL 26 2024 BAYBAY CITY, LEYTE													
													
Signature (Sign inside the box)													
JULY 26 2024													
Date Accomplished													
<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>			Right Thumbmark										
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this JUL 31 2024, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. KIEFFER CLINT L. PETILLA PUBLIC ATTORNEY I Pursuant to R.A. 9406 Person Administering Oath</td></tr></table>			ATTY. KIEFFER CLINT L. PETILLA PUBLIC ATTORNEY I Pursuant to R.A. 9406 Person Administering Oath										
													
ATTY. KIEFFER CLINT L. PETILLA PUBLIC ATTORNEY I Pursuant to R.A. 9406 Person Administering Oath													