

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	EJADA		
FIRST NAME	KELLY KAYE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	OMOY	N/A	
3. DATE OF BIRTH (mm/dd/yyyy)	04/27/2000	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	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	N/A BADIANG 1 House/Block/Lot No. Street N/A BUNGA Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.49	18. PERMANENT ADDRESS	N/A BADIANG 1 House/Block/Lot No. Street N/A BUNGA Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	44KG		
9. BLOOD TYPE	N/A	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A	20. MOBILE NO.	09267162624
11. PAG-IBIG ID NO.	N/A	21. E-MAIL ADDRESS (if any)	ejadakelly@gmail.com
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A		
14. TIN NO.	N/A		
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
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	EJADA			
FIRST NAME	ROGELIO	NAME EXTENSION (JR., SR) SR		
MIDDLE NAME	GLORIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	OMOY			
FIRST NAME	FLORDELINA			
MIDDLE NAME	MATERO		(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	BAYBAY II CENRAL SCHOOL	PRIMARY EDUCATION	2005	2012	COMPLETED	2012	WITH HONOR
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	JUNIOR HIGH SCHOOL	2012	2016	COMPLETED	2016	WITH HONOR
SECONDARY	VISAYAS STATE UNIVERSITY-MAIN CAMPUS	SENIOR HIGH SCHOOL	2016	2018	COMPLETED	2018	N/A
VOCATIONAL/TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS	BACHELOR OF SCIENCE IN AGRICULTURE	2018	2025	COMPLETED	2025	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	11/07/2025
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[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)



11/07/2025

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		
	Association of Plant Breeding Majors (APBM), Visayas State University-Main Campus	01/15/2023	25/07/2024	918 hrs.	President
	Association of Plant Breeding Majors (APBM), Visayas State University-Main Campus	08/12/2024	06/20/2025	1827hrs	Member
	Faculty of Agriculture and Food Science-Supreme Student Council, Visayas State University-Main Campus	08/12/2024	06/20/2025	1827hrs	Auditor

(Continue on separate sheet if necessary)

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

[illegible]

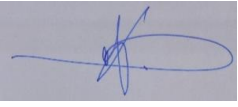
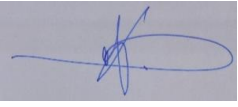
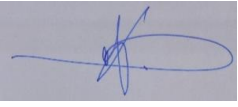
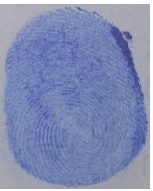
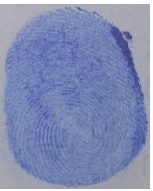
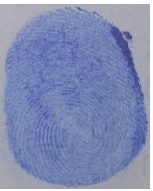
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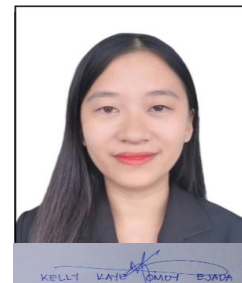
VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
WRITING	N/A	ASSOCIATION OF PLANT BREEDING MAJORS
PROFICIENT IN MICROSOFT OFFICE		FACULTY OF AGRICULTURE AND FOOD SCIENCE - STUDENT SUPREME COUNCIL
WILLINGNESS TO LEARN		
GOOD IN COMMUNICATION		

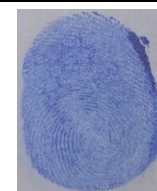
(Continue on separate sheet if necessary)

<i>(Continue on separate sheet if necessary)</i>				
SIGNATURE			DATE	11/07/2025

<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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. LUZ O. MORENO</td> <td>VISCA BAYBAY CITY LEYTE</td> <td>N/A</td> </tr> <tr> <td>DR. JERRY B. SANGUILLOSA</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td>N/A</td> </tr> <tr> <td>DR. MILAGROS C. BALES</td> <td>PANGASUGAN, BAYBAY CITY, LEYTE</td> <td>N/A</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. LUZ O. MORENO	VISCA BAYBAY CITY LEYTE	N/A	DR. JERRY B. SANGUILLOSA	VISCA, BAYBAY CITY, LEYTE	N/A	DR. MILAGROS C. BALES	PANGASUGAN, BAYBAY CITY, LEYTE	N/A
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<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>													
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 10px;"></div> <p style="text-align: center; margin-top: 5px;">Person Administering Oath</p>													



PHOTO



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