

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	CASTRO		
FIRST NAME	ANGELICA NICOLE		NAME EXTENSION (JR., SR)
MIDDLE NAME	N/A		
3. DATE OF BIRTH (mm/dd/yyyy)	11/20/1999	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	G.M.A, CAVITE	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:		
7. HEIGHT (m)	1.57	17. RESIDENTIAL ADDRESS	N/A ZONE 3 House/Block/Lot No. Street N/A HILAPNITAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
8. WEIGHT (kg)	55	ZIP CODE	6521
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	N/A ZONE 3 House/Block/Lot No. Street N/A HILAPNITAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	121312783174	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	13-025573911-6	20. MOBILE NO.	09552188656
13. SSS NO.	06-4622077-8	21. E-MAIL ADDRESS (if any)	angelicanicolecastro3@gmail.com
14. TIN NO.	617-318-622-000		
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	NITRO			
FIRST NAME	MANOLO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GARCIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CASTRO			
FIRST NAME	ANDRESA			
MIDDLE NAME	FORMENTERA		(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	HILAPNITAN ELEMENTARY SCHOOL	BASIC EDUCATION	04/07/2006	25/03/2012	GRADE 6	2012	WITH HONORS
SECONDARY	BAYBAY CITY SENIOR HIGH SCHOOL	HUMANITIES AND SOCIAL SCIENCES	12/07/2012	29/03/2018	GRADE 12	2018	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	VISAYAS STATE UNIVERISTY	BACHELOR OF ARTS IN ENGLISH LANGUAGE STUDIES	05/08/2018	12/08/2022	4TH YEAR	2022	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERISTY	MASTER OF SCIENCE IN LANGUAGE TEACHING	09/12/2022	PRESENT	34 UNITS	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

<i>SIGNATURE</i>		<i>DATE</i>	
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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		
	SIDLAK PAGLAUM (BAYBAY CITY)	02/05/2022	PRESENT	11 HOURS	FIELD AND ON-THE-GROUND TEAM FOR PSYCHOLOGICAL FIRST-AID OF AGATON VICTIMS
*****NOTHING FOLLOWS*****					

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Topics Covered	
8. Key Takeaways	
9. Action Items	
10. Feedback	

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			
	Psychological First Aid (PFA) for Volunteers	23/04/2022	23/04/2022	6 HOURS	TECHNICAL	UPVTC Division of Social Sciences and UP Tacloban Ugnayan ng Pahinungod
	15th UPLB-CAS Student-Faculty Research Conference and 1st National Student Faculty Research Conference on Arts and Sciences	11/28/2022	12/05/2022	16 HOURS		UPLB-CAS
	National Multi-Disciplinary Research Conference (NMRC)	11/09/2022	11/09/2022	24 HOURS		CHED Scholarships for Graduate Studies-Local Scholars' Association (CHED SGS LSA) Inc
	UNDERSTANDING CORPUS LINGUISTICS WEBINAR	09/22/21	09/22/21	2 HOURS		DR. KRISCENTTI EXZUR P. BARCELONA

*****NOTHING FOLLOWS*****

[illegible]

(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)
RESEARCH	N/A	SIDLAK PAGLAOM PSYCHOLOGICAL FIRST AID TRAINING (MEMBER)
WRITING POEMS AND ESSAYS	N/A	

*****NOTHING FOLLOWS*****

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>FINISHED CONTRACT</u>	
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 N/A <input checked="" type="checkbox"/> NO N/A 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.
ANNIE A. PARMIS	VSISCA, BAYBAY CITY, LEYTE	9154384726
JADE BARACHIEL D. BANTASAN	VISCA, BAYBAYA CITY, LEYTE	9617605346
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 style="display: flex; justify-content: space-between;"> VISAYAS STATE UNIVERSITY MA </div>	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size) Computer generated or photocopied picture is not acceptable </div> <div style="text-align: center; margin-bottom: 10px;">PHOTO</div> <div style="border: 1px solid black; padding: 10px;"> <div style="text-align: center; margin-bottom: 10px;">PRESENT</div> <div style="text-align: center;">Right Thumbmark</div> </div>	
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: DRIVER'S LICENSE ID/License/Passport No.: H12-22-300298 Date/Place of Issuance: BAYBAY CITY, LEYTE	<div style="border: 1px solid black; height: 100px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Signature (Sign inside the box)</div> <div style="border: 1px solid black; padding: 5px;">Date Accomplished</div>	
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. <div style="border: 1px solid black; width: 300px; height: 60px; margin: 0 auto; position: relative;"> <div style="position: absolute; bottom: 5px; left: 50%; transform: translateX(-50%);"> Person Administering Oath </div> </div>		