

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	SABANDO		
FIRST NAME	RIO ROSA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BUENAFLOR		
3. DATE OF BIRTH (mm/dd/yyyy)	10/12/2000	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, 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	F. RALOTA ST. House/Block/Lot No. Street POBLACION Subdivision/Village Barangay DANA O CITY CEBU City/Municipality Province
7. HEIGHT (m)	1.74	ZIP CODE	6004
8. WEIGHT (kg)	80		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street STO. ROSARIO Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	13-251917131-0		
13. SSS NO.	06-4681713-6	19. TELEPHONE NO.	
14. TIN NO.	631-609-948-000	20. MOBILE NO.	0969 500 6762
15. AGENCY EMPLOYEE NO.	DTI-VII-JO-23-025	21. E-MAIL ADDRESS (if any)	riorosabando@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)			
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	SABANDO			
FIRST NAME	ZACARIAS	NAME EXTENSION (JR., SR) JR		
MIDDLE NAME	GORRE			
25. MOTHER'S MAIDEN NAME				
SURNAME	BUENAFLOR			
FIRST NAME	NELIA			
MIDDLE NAME	TRIPOLI		(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 CENTRAL SCHOOL		2007	2013		2013	WITH HONOR
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HUMANITIES AND SOCIAL SCIENCES	2013	2019		2019	WITH HONOR
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN ECONOMICS MAJOR IN BUSINESS ECONOMICS	2019	2023		2023	SCHOLAR/ CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 28, 2024
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

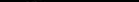
(Continue on separate sheet if necessary)

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)

SIGNATURE		DATE	January 28, 2024	
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IV. CIVIL SERVICE ELIGIBILITY

[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)

SIGNATURE		DATE	January 28, 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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Mrs. Zyra May H. Centino</td> <td>Visayas State University Baybay City, Leyte</td> <td>Visca, 9222082661</td> </tr> <tr> <td>Mr. Allen Glennie P. Lambert</td> <td>Visayas State University Baybay City, Leyte</td> <td>Visca, 9175985724</td> </tr> <tr> <td>Mrs. Wella S. Lape</td> <td>DTI - Cebu Provincial Office lapu St., Cebu City</td> <td>Lapu- 9991675792</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Mrs. Zyra May H. Centino	Visayas State University Baybay City, Leyte	Visca, 9222082661	Mr. Allen Glennie P. Lambert	Visayas State University Baybay City, Leyte	Visca, 9175985724	Mrs. Wella S. Lape	DTI - Cebu Provincial Office lapu St., Cebu City	Lapu- 9991675792
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <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: NATIONAL ID</td> </tr> <tr> <td>ID/License/Passport No.: 3719-0214-7829-1560</td> </tr> <tr> <td>Date/Place of Issuance: 15/03/2023 - BAYBAY CITY</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: NATIONAL ID	ID/License/Passport No.: 3719-0214-7829-1560	Date/Place of Issuance: 15/03/2023 - BAYBAY CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) 01/28/2024 </td> </tr> </table>	 Signature (Sign inside the box) 01/28/2024							
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<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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; margin-top: 10px;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 5px;"> Person Administering Oath </div> </div> <div style="width: 35%; text-align: center;">  PHOTO </div> </div> <div style="border: 1px solid black; height: 100px; margin-top: 10px; text-align: center;"> Right Thumbmark </div>													