

# 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	ABUEVA		
FIRST NAME	MARY ROSE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ALBOPERA		
3. DATE OF BIRTH (mm/dd/yyyy)	08/14/1997	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	ABUYOG, 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	REAL STREET House/Block/Lot No. Street BINULHO Subdivision/Village Barangay JAVIER LEYTE City/Municipality Province 6511
7. HEIGHT (m)	1.57	ZIP CODE	
8. WEIGHT (kg)	52		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	REAL STREET House/Block/Lot No. Street BINULHO Subdivision/Village Barangay JAVIER LEYTE City/Municipality Province 6511
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	121289775960		
12. PHILHEALTH NO.	13-025566794-8		
13. SSS NO.	35-0107570-6	19. TELEPHONE NO.	N/A
14. TIN NO.	626-608-304-00000	20. MOBILE NO.	09489796503
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	<a href="mailto:mryrusabv97@gmail.com">mryrusabv97@gmail.com</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	ABUEVA			
FIRST NAME	JOAQUIN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ESCOBAL			
25. MOTHER'S MAIDEN NAME				
SURNAME	ALBOPERA			
FIRST NAME	HILNA			
MIDDLE NAME	LOYOLA		(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	BINULHO ELEMENTARY SCHOOL	ELEMENTARY	06/16/2003	03/13/2009	N/A	2009	N/A
SECONDARY	JAVIER NATIONAL HIGH SCHOOL	HIGH SCHOOL	06/12/2009	03/18/2013	N/A	2013	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN ELECTRONICS ENGINEERING	06/10/2013	06/14/2019	N/A	2019	N/A

GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)						
SIGNATURE			DATE	JULY 6, 2024		

#### 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]

<i>(Continue on separate sheet if necessary)</i>							
<b>SIGNATURE</b>				<b>DATE</b>	JULY 6, 2024		

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			
	BEAUTY BOOST PH - PARAÑAQUE CITY	06/26/2023	04/13/2024	1015.0	SOCIAL MEDIA MANAGER	
(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			
	Unlocking Digital Trust: The Philippine Public Key Infrastructure	06/13/2024	06/13/2024	2.0	FOUNDATION	Department of Information and Communications Technology Region VIII
	Empowering Filipinos through Cybersecurity	06/07/2024	06/07/2024	2.0	FOUNDATION	Department of Information and Communications Technology Region VIII
	Girls in ICT Day 2024 with the theme Leadership	04/25/2024	04/25/2024	3.0	FOUNDATION	Department of Information and Communications Technology Region VIII
	Cybersecurity for Women	03/06/2024	03/06/2024	2.0	FOUNDATION	Department of Information and Communications Technology Region VIII
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Microsoft 365	N/A				N/A
	Google Workspace					
	Basic Python					
	Organizational Skills					
	Interpersonal Skills					
	Problem-Solving Skills					

(Continue on separate sheet if necessary)

SIGNATURE



DATE

JULY 6, 2024

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the 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 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.
Ronel Carlo Berino	Tacloban City	9514642872
Mhia Flor Sulla	Cebu City	9062398580
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
Government Issued ID: Philippine Identification System
ID/License/Passport No.: 4021-9427-6398-1052
Date/Place of Issuance: 08/31/2021 / Javier, Leyte

Signature (Sign inside the box)
July 6, 2024
Date Accomplished

MARY ROSE A. ABUEVA  
PHOTO

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PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: Philippine Identification System
ID/License/Passport No.: 402

Person Administering Oath