

# 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	GUBALLO		
FIRST NAME	ANDREY JAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MIRANDA		
3. DATE OF BIRTH (mm/dd/yyyy)	3/1/1999	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	MALANDAY, MARIKINA CITY	If holder of dual citizenship, please indicate the details.	Philippines
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	N/A MAYPILI House/Block/Lot No. Street N/A SAN JUAN Subdivision/Village Barangay SULAT EASTERN SAMAR City/Municipality Province 6815
7. HEIGHT (m)	1.73	ZIP CODE	6815
8. WEIGHT (kg)	64		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	N/A MAYPILI House/Block/Lot No. Street N/A SAN JUAN Subdivision/Village Barangay SULAT EASTERN SAMAR City/Municipality Province 6815
10. GSIS ID NO.	N/A	ZIP CODE	6815
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	0961 527 8132
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	amquballo@gmail.com

## 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		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	GUBALLO			
FIRST NAME	ALEJANDRO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LUTERIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	MIRANDA			
FIRST NAME	VILMA			
MIDDLE NAME	JABIQUE		(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	SAN JUAN ELEMENTRAY SCHOOL	PRIMARY EDUCATION	2007	2011		2011	CLASS FIRST HONOR
SECONDARY	SULAT NATIONAL HIGH SCHOOL	HIGH SCHOOL	2011	2015		2015	CLASS VALEDICTORIAN
VOCATIONAL / TRADE COURSE							
COLLEGE	UNIVERISTY OF THE PHILIPPINES - DILIMAN	B SECONDARY EDUCATION (MATHEMATICS EDUCATION)	2019	2023		2023	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/31/2023
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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)

<b>SIGNATURE</b>	
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DATE

7/31/2023

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	UP OFFICE OF ADMISSIONS	5/2/2023	6/2/2023	34	COLLEGE ADMISSIONS VOLUNTEER





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

[illegible]

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	PEOPLE SMART		N/A		CAMPUS MINISTRY VOLUNTEERS GROUP - UP DILIMAN
	COMMUNICATION				UP DOST SCHOLARS' ASSOCIATION
	BASIC MATHEMATICS				UP IN-CHRIST THRUST FOR UNIVERSITY STUDENTS
	SINGING				YOUTH FOR CHRIST - UP DILIMAN
					UP EDUCATOR'S CIRCLE

SIGNATURE		DATE	7/31/2023
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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>LILY ROSE R. DELA PAZ</td> <td>POOK DAGOHYO, UP CAMPUS, DILIMAN, QUEZON CITY</td> <td>8981-8500 LOC. 4602; 4617</td> </tr> <tr> <td>JOSEPH DOMINIC S. LIAO</td> <td>ACACIA RESIDENCE HALL, UP CAMPUS, DILIMAN, QUEZON CITY</td> <td>9989755667</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	LILY ROSE R. DELA PAZ	POOK DAGOHYO, UP CAMPUS, DILIMAN, QUEZON CITY	8981-8500 LOC. 4602; 4617	JOSEPH DOMINIC S. LIAO	ACACIA RESIDENCE HALL, UP CAMPUS, DILIMAN, QUEZON CITY	9989755667			
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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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<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: 50px; 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: 80px; margin-top: 10px; width: 100%;"></div>													