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 apppointed,			
	a. within the third degree?		YES 🗸 NO	
	b. within the fourth degree (for Local Government Unit - Care	er Employees)?	YES VO	
		, p , ,	If YES, give details:	
35.	a. Have you ever been found guilty of any administrative offense?		YES _ NO	
			If YES, give details:	
			YES V NO	
	b. Have you been criminally charged before any court?			
			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		YES / NO	
	any court or tribunal?		If YES, give details:	
			YES NO	
37.	Have you ever been separated from the service in any of the			
	dropped from the rolls, dismissal, termination, end of term, fir in the public or private sector?	nished contract or phased out (abolition)	If YES, give details: YES NO	
38	a. Have you ever been a candidate in a national or local elec-	tion held within the last year (except	<u> </u>	
	Barangay election)?	YЯ≸YES, give d☑ailsNO		
	b. Have you resigned from the government service during the	e three (3)-month period before the last		
	election to promote/actively campaign for a national or local of	candidate?	YES YES, give value ils NO	
39.	Have you acquired the status of an immigrant or permanent r	resident of another country?		
			If YES, give details (country):	
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magi	na Carta for Disabled Persons (RA	V52	
	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?		YES	
b.	Are you a person with disability?		If YES, please specify: YES NO	
			If YES, please specify ID No:	
C.	Are you a solo parent?		If YES, please specify ID No:	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)				
	NAME	ADDRESS	TEL. NO.	
	MELISSA M. TALAVERA	Peñaranda ST., Brgy. Taft, Surigao City	9177203603	
	SHEEREN A. MERRO	PALO, LEYTE	9174076762	
	BRANDON BRIGGS C. SILVANO	TOLOSA, LEYTE	9664910618	
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.	nent and its attachments shall cause	are the lilling of	
	iovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	Asc = 0		
G	overnment Issued ID: PHILHEALTH	Thomparat		
)/License/Passport No.: 18-1-250712821-2	Signature (Sign inside the bo	nx)	
Data/Place of Issuance: SURIGAO CITY		December 20, 2022 Date Accomplished		
L	Date Accomplished Night Humbhain		Right Thumbmark	
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.				
		Person Administering Oatl	h	