

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	SILVANO		
FIRST NAME	GUADA MAE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	RECTO		
3. DATE OF BIRTH (mm/dd/yyyy)	12/7/1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY, 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	151 PUROK CAMACHILLE House/Block/Lot No. Street SUN VALLEY Subdivision/Village Barangay PARANAQUE METRO MANILA City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	1700
8. WEIGHT (kg)	75		
9. BLOOD TYPE		18. PERMANENT ADDRESS	House/Block/Lot No. Street PATAG Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.	1212-4820-6736		
12. PHILHEALTH NO.	01-250729524-8		
13. SSS NO.	34-8350718-5	19. TELEPHONE NO.	
14. TIN NO.	749-123-872	20. MOBILE NO.	0965 275 9615
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	guadasilvano98@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	SILVANO			
FIRST NAME	DINO JOSE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PERNITO			
25. MOTHER'S MAIDEN NAME				
SURNAME	RECTO			
FIRST NAME	EDNA			
MIDDLE NAME	MARTINEZ			

(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	SUN VALLEY ELEMENTARY SCHOOL	ELEMENTARY EDUCATION	6/6/2005	4/11/2011		2011	HONORABLE MENTION
SECONDARY	CHRISTIAN FAITH ACADEMY OF BETTER LIVING, INC.	HIGH SCHOOL EDUCATION	6/6/2011	3/20/2015		2015	HONORABLE MENTION
VOCATIONAL / TRADE COURSE							
COLLEGE	POLYTECHNIC UNIVERSITY OF THE PHILIPPINES	BS PSYCHOLOGY	6/8/2015	5/10/2019		2019	PRESIDENT'S LISTER
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	March 29, 2021
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