

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	DEDACE		
FIRST NAME	TRESHA MAE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LUZON		
3. DATE OF BIRTH (mm/dd/yyyy)	DECEBER 27, 1995	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	ESPERANZA, INOPACAN, 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:		
7. HEIGHT (m)	1.49	17. RESIDENTIAL ADDRESS	N/A PUROK 6 House/Block/Lot No. Street SITIO LISON ESPERANZA Subdivision/Village Barangay INOPACAN LEYTE City/Municipality Province
8. WEIGHT (kg)	100	ZIP CODE	6522
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	N/A PUROK 6 House/Block/Lot No. Street SITIO LISON ESPERANZA Subdivision/Village Barangay INOPACAN LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6522
11. PAG-IBIG ID NO.	1212-1633-1877	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	13-025493493-4	20. MOBILE NO.	09568913681
13. SSS NO.	06-4066022-4	21. E-MAIL ADDRESS (if any)	treshamae636@gmail.com
14. TIN NO.	344-272-616		
15. AGENCY EMPLOYEE NO.	N/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)	
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	DEDACE		
FIRST NAME	FABIAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BADILLA		
25. MOTHER'S MAIDEN NAME			
SURNAME	LUZON		
FIRST NAME	REBECCA		
MIDDLE NAME	ROCENAS		

(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	ESPERANZA ELEMENTARY SCHOOL	PRIMARY	2003	2009	N/A	2009	1ST HONORABLE
SECONDARY	MARAO NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2013	N/A	2013	2ND HONORABLE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN PLANT PROTECTION	2013	2017	N/A	2017	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN ENTOMOLOGY	2023	-	37	-	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 17, 2025
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[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)

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

[illegible][illegible]






(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
CONVERSANT W/ MICROSOFT OFFICE MODULES &SOCIAL MEDIA	N/A	REGISTRY SYSTEM FOR BASIC SECTORS IN AGRICULTURE- MEMBER
KNOWS HOW TO DRIVE MOTORCYCLE		PHILIPPINE ASSOCIATION OF AGRICULTURIST- MEMBER
CURRENTLY INVOLVE IN HOG RAISING		
KNOWS ABOUT UNDERCHASIS PREVENTICE MAINTENANCE		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 17, 2025
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: <u>VOLUNTARY RESIGNATION</u></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 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>DENNIS Q. AYON</td> <td>CANNERY SITE, POLOMOLOK, SOUTH COTABATO</td> <td>9088162429</td> </tr> <tr> <td>ROSEMARIE R. MACALUA</td> <td>CANNERY SITE, POLOMOLOK, SOUTH COTABATO</td> <td>94669913652</td> </tr> <tr> <td>MELANIE M. MATIN-AO</td> <td>INOPACAN, LEYTE</td> <td>9173224199</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DENNIS Q. AYON	CANNERY SITE, POLOMOLOK, SOUTH COTABATO	9088162429	ROSEMARIE R. MACALUA	CANNERY SITE, POLOMOLOK, SOUTH COTABATO	94669913652	MELANIE M. MATIN-AO	INOPACAN, LEYTE	9173224199
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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: 60px; margin-top: 20px;"></div> <p style="text-align: center; margin-top: 10px;">Person Administering Oath</p> </div> <div style="width: 35%; text-align: center;">  PHOTO </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"></div> <div style="width: 35%; text-align: center;">  Right Thumbmark </div> </div>													