

## 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	AVENIDO		
FIRST NAME	MARGIE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MONJAS		
3. DATE OF BIRTH (mm/dd/yyyy)	09/04/1995	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	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	BLOCK 3 LOT 5 AREA 8 & 9 House/Block/Lot No. Street N/A MATANDANG BALARA Subdivision/Village Barangay QUEZON CITY METRO MANILA City/Municipality Province
7. HEIGHT (m)	1.58	ZIP CODE	1119
8. WEIGHT (kg)	58	18. PERMANENT ADDRESS	N/A SITIO STA. CRUZ House/Block/Lot No. Street N/A BITANHUAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
9. BLOOD TYPE	A+	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1211-0706-3132	20. MOBILE NO.	0939-439-2505 / 0956-865-2505
12. PHILHEALTH NO.	03-026096612-6	21. E-MAIL ADDRESS (if any)	mrgavenido@gmail.com
13. SSS NO.	34-4039741-9		
14. TIN NO.	705-468-214-000		
15. AGENCY EMPLOYEE NO.	LDC21013		

## 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	AVENIDO			
FIRST NAME	MAURICIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SURIGAO			
25. MOTHER'S MAIDEN NAME				
SURNAME	MONJAS			
FIRST NAME	FLORITA			
MIDDLE NAME	OBELLANO			

(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	VILLA VERDE ELEMENTARY SCHOOL	ELEMENTARY	2002	2008	GRADUATE	2008	N/A
SECONDARY	SAN BARTOLOME HIGH SHOO L	HIGH SCHOOL	2008	2012	GRADUATE	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	COLEGIO DE STA. TERESA DE AVILA FOUNDATION INC.	ASSOCIATE DEGREE (HOTEL AND RESTAURANT SERVICES)	2013	2016	81 UNITS	2016	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/21/24
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#### IV. CIVIL SERVICE ELIGIBILITY

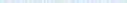
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(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

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(Continue on separate sheet if necessary)


SIGNATURE		DATE	06/21/24
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


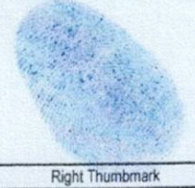
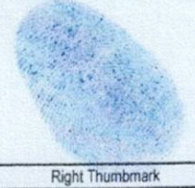
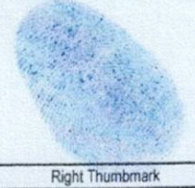
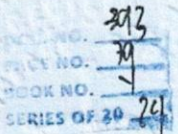
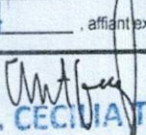
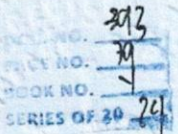
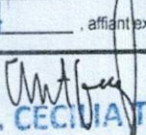
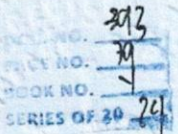
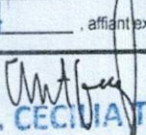
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#### VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
PROBLEM SOLVER	RECOGNIZED FOR STEADFAST EFFORTS IN ENSURING THAT PHILHEALTH CLAIMS WILL BE ON TIME	N/A
ANALYTICAL THINKER		
FAST LEARNER		
TIME MANAGEMENT SKILLS		
ORGANIZATIONAL SKILLS		

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	06/21/2024

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, 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>RESIGNATION</u>												
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 items: 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)													
<table border="1"><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>SHARLEEN S. DE GUZMAN</td><td>406 P. DE GUZMAN ST. PARADA, VALENZUELA CITY</td><td>864-586-60</td></tr><tr><td>SHARMEE O. PINEDA</td><td>004 AREA 98 LUZON AVENUE, BRGY. PASONG TAMO, QUEZON CITY</td><td>0935-782-0237</td></tr><tr><td>KRYSTEL CATE D. BALDO</td><td>348 LEYTE GULF ST. BRGY. HOLY SPIRIT, QUEZON CITY</td><td>0923-822-0752</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	SHARLEEN S. DE GUZMAN	406 P. DE GUZMAN ST. PARADA, VALENZUELA CITY	864-586-60	SHARMEE O. PINEDA	004 AREA 98 LUZON AVENUE, BRGY. PASONG TAMO, QUEZON CITY	0935-782-0237	KRYSTEL CATE D. BALDO	348 LEYTE GULF ST. BRGY. HOLY SPIRIT, QUEZON CITY	0923-822-0752
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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.													
<table border="1"><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PASSPORT</td></tr><tr><td>ID/License/Passport No.: P0007100C</td></tr><tr><td>Date/Place of Issuance: 05/11/2022 / DFA NCR NORTH</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: PASSPORT	ID/License/Passport No.: P0007100C	Date/Place of Issuance: 05/11/2022 / DFA NCR NORTH	<table border="1"><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>06/21/2024</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	06/21/2024	Date Accomplished				
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<table border="1"><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>			Right Thumbmark										
													
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SUBSCRIBED AND SWORN to before me this <u>JUN 21 2024</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table border="1"><tr><td></td><td> ATTY. MA. CECILIAT. ABAYON NOTARY PUBLIC Person Administering Oath ADM. MATR. NO. 115-2013-2024</td></tr></table> <p>PTN NO. 5355571 January 3, 2024 / IBP No. 380643-December 29, 2023 / Roll No. 84156 MCLE No. VIII-004212- 09 October 2023</p>			 ATTY. MA. CECILIAT. ABAYON NOTARY PUBLIC Person Administering Oath ADM. MATR. NO. 115-2013-2024										
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