

# 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	BOHOL		
FIRST NAME	RITCHIE COLLEEN		NAME EXTENSION (JR., SR)
MIDDLE NAME	CALAGOS		
3. DATE OF BIRTH (mm/dd/yyyy)	16/06/1999	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	STA. MARGARITA, SAMAR	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	PUROK 4 AZANZA ST. House/Block/Lot No. Street MONBON Subdivision/Village Barangay STA. MARGARITA SAMAR City/Municipality Province
7. HEIGHT (m)	5'3	ZIP CODE	
8. WEIGHT (kg)	54 kls		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	PUROK 4 AZANZA ST. House/Block/Lot No. Street MONBON Subdivision/Village Barangay STA. MARGARITA SAMAR City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6709
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-253141023-1	19. TELEPHONE NO.	N/A
13. SSS NO.	N/A	20. MOBILE NO.	09654207531
14. TIN NO.	771-393-518-000	21. E-MAIL ADDRESS (if any)	jeanlynsauro@gmail.com
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)	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	BOHOL			
FIRST NAME	ROMJER	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MONGAYA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CALAGOS			
FIRST NAME	CAROLYN			
MIDDLE NAME	MANOTA		(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	STA. MARGARITA 1 CENTRAL ELEMENARY SCHOOL	ELEMENTARY	2005-2006	2010-2011	GRADE 6	2011	N/A
SECONDARY	CLARENCE CALAGOS MEMORIAL SCHOOL OF FISHERIES	HIGHSCHOOL	2011-2012	2014-2015	4TH YR	2015	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SAMAR STATE UNIVERSITY	BACHELOR IN ELEMENTARY EDUCATION	2015-2016	2018-2019	4TH YR	2019	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	
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[illegible]

**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

<b>SIGNATURE</b>		<b>DATE</b>	
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**VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S**

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
N/A		N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	CONTACT TRACING PERFORMANCE MONITORING TOOL NATIONAL ONLINE TRAINING	04/11/2020	04/11/2020	10 HRS	N/A	DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
	DRUG ABUSE PREVENTION AND CONTROL	09/06/2021	10/06/2021	10 HRS	N/A	LOCAL GOVERNMENT UNI OF STA. MARGARITA
	VAWC, GENDER SENSITIVITY AND GENDER EQUALITY, GAD	06/10/2022	06/10/2022	10 HRS	N/A	DEPARMENT OF SOCIAL WELFARE AND DEVELOPMENT

(Continue on separate sheet if necessary)

**VIII. OTHER INFORMATION**

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER LITERATE	N/A		SCHOOL/UNIVERSITY ORGANIZATION

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or chief of bureau or office or to the person who has immediate supervision over you in the 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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 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)

NAME	ADDRESS	TEL. NO.
CAROLYN R. GUADALQUIVER	STA. MARGARITA SAMAR	9175431171
SIMPLICIO D. GALIBO JR.	STA. MARGARITA SAMAR	9152962514
ENGR. ALEXIS R. OBONG	STA. MARGARITA SAMAR	9455405205

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.



PHOTO

Right Thumbmark

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	
PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID: PRC	
ID/License/Passport No.: 1923522	
Date/Place of Issuance: 06/06/222 PRC, TACLOBAN, CITY	

Signature (Sign inside the box)
Date Accomplished

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath