

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	BIANES		
FIRST NAME	ROSARIO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ABIERA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/21/1993	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	MAASIN CITY	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	ESTRELLA House/Block/Lot No. Street IBARRA Subdivision/Village Barangay MAASIN CITY SOUTHERN LEYTE City/Municipality Province
7. HEIGHT (m)	1.75 m	ZIP CODE	
8. WEIGHT (kg)	95 kg	18. PERMANENT ADDRESS	ESTRELLA House/Block/Lot No. Street IBARRA Subdivision/Village Barangay MAASIN CITY SOUTHERN LEYTE City/Municipality Province
9. BLOOD TYPE		ZIP CODE	66000
10. GSIS ID NO.		19. TELEPHONE NO.	
11. PAG-IBIG ID NO.	121068592515	20. MOBILE NO.	09533182134
12. PHILHEALTH NO.	13-050142008-6	21. E-MAIL ADDRESS (if any)	rosario.bianes@vsu.edu.ph
13. SSS NO.	06-3317721-6		
14. TIN NO.	428-453-073-00000		
15. AGENCY EMPLOYEE NO.			

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)	LIANA DEXLEE BIANES	4/14/2013
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	BIANES		
FIRST NAME	FREDDIE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PADADO		
25. MOTHER'S MAIDEN NAME			
SURNAME	ABIERA		
FIRST NAME	DAHLIA		
MIDDLE NAME	PALCO	(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	IBARRA ELEM. SCHOOL	PRIMARY EDUCATION	6/1/1999	3/1/2005		2005	SALUTATORIAN
SECONDARY	SAINT JOSEPH COLLEGE	SECONDARY EDUCATION	6/1/2005	3/1/2009		2009	
VOCATIONAL / TRADE COURSE							
COLLEGE	SAINT JOSEPH COLLEGE	BS-ED - ENGLISH	8/1/2019	6-/3/2023		2023	Service Award
GRADUATE STUDIES	EASTERN VISAYAS STATE UNIVERSITY	MA-ED - LANGUAGE INSTRUCTION	7/2/2024				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	March 3, 2025
-----------	--	------	---------------

[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	3/3/2025
------------------	---	-------------	----------

[illegible]





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

[illegible]

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE	DATE		

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: _____															
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: _____															
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	NAME	ADDRESS	TEL. NO.													<div style="text-align: center;">  PHOTO </div> <div style="border: 1px solid black; height: 100px; margin-top: 20px;"></div> <div style="text-align: center; margin-top: 5px;">Right Thumbmark</div>
NAME	ADDRESS	TEL. NO.														
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" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>2719853129621503</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>2719853129621503</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>MAASIN CITY</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:	2719853129621503	ID/License/Passport No.:	2719853129621503	Date/Place of Issuance:	MAASIN CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center; vertical-align: middle;">  Signature (Sign inside the box) 3/3/2025 Date Accomplished </td> <td style="width: 40%;"></td> </tr> </table>	 Signature (Sign inside the box) 3/3/2025 Date Accomplished				
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)																
PLEASE INDICATE ID Number and Date of Issuance																
Government Issued ID:	2719853129621503															
ID/License/Passport No.:	2719853129621503															
Date/Place of Issuance:	MAASIN CITY															
 Signature (Sign inside the box) 3/3/2025 Date Accomplished																
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.																
<div style="border: 1px solid black; width: 300px; height: 60px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 200px; margin: 0 auto; padding: 5px;"> Person Administering Oath </div>																