

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	LUCHAVEZ		
FIRST NAME	VIVIEN GRACE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MONTE		
3. DATE OF BIRTH (mm/dd/yyyy)	06/11/1999	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	ORMOC CITY		
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 ZIP CODE	5 House/Block/Lot No. Street LIBERTAD Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province 6541
7. HEIGHT (m)	1.61		
8. WEIGHT (kg)	45		
9. BLOOD TYPE	"B"		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS ZIP CODE	5 House/Block/Lot No. Street LIBERTAD Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province 6541
12. PHILHEALTH NO.	13-250746633-1		
13. SSS NO.	N/A		
14. TIN NO.	616-298-393-00000	19. TELEPHONE NO.	N/A
15. AGENCY EMPLOYEE NO.	N/A	20. MOBILE NO.	09359336939
		21. E-MAIL ADDRESS (if any)	vivien.luchavez18@gmail.com

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	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LUCHAVEZ			
FIRST NAME	BIENVENIDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DOMINGUITO			
25. MOTHER'S MAIDEN NAME				
SURNAME	MONTE			
FIRST NAME	VICENTA			
MIDDLE NAME	MALAZARTE		(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	LIBERTAD ELEMENTARY SCHOOL	PRIMARY EDUCATION	2005	2012	N/A	2012	N/A
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL/ORMOC CITY SENIOR HIGH SCHOOL	HIGH SCHOOL	2012	2018	N/A	2018	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR IN SECONDARY EDUCATION MAJOR IN MATHEMATICS	2018	2022	N/A	2022	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 24, 2023
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IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	LICENSURE EXAMINATION FOR TEACHERS (LET)	81.00%	03/01/2023	TACLOBAN CITY	2058259	06/11/2026
	CAREER SERVICE PROFESSIONAL	PD907-HONOR GRADUATE		EASTERN VISAYAS STATE UNIVERSITY		

V. WORK EXPERIENCE

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

[illegible]

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

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED									
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
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421	422	423	424	425	426	427	428		

[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)
COMPUTER SKILLS	N/A	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS
SINGING AND PLAYING INSTRUMENTS		
HANDICRAFT MAKING (DIY)		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 24, 2023
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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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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 checked="" 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>JONATHAN G. BASMAYOR</td> <td>DOLORES, ORMOC CITY, LEYTE</td> <td>9128760047</td> </tr> <tr> <td>BEATRICE D. MABITAD</td> <td>ORMOC CITY, LEYTE</td> <td>beatrice.mabitad@evsu.edu.ph</td> </tr> <tr> <td>JOFFER JETT C. ZAMORA</td> <td>ORMOC CITY, LEYTE</td> <td>9171809033</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JONATHAN G. BASMAYOR	DOLORES, ORMOC CITY, LEYTE	9128760047	BEATRICE D. MABITAD	ORMOC CITY, LEYTE	beatrice.mabitad@evsu.edu.ph	JOFFER JETT C. ZAMORA	ORMOC CITY, LEYTE	9171809033
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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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