

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases 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.

CS ID No.

(Do not fill up for CSC, USA only)

I. PERSONAL INFORMATION

2. SURNAME	CABAJES		
FIRST NAME	DENISA	NAME EXTENSION (JR., SR.) N/A	
MIDDLE NAME	SORIA		
3. DATE OF BIRTH (mm/dd/yyyy)	1/30/1976	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization P/s: 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A Street N/A House/Block/Lot No. MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	5'2	ZIP CODE	6521
8. WEIGHT (kg)	59	18. PERMANENT ADDRESS	N/A Street N/A House/Block/Lot No. MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	N/A	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1212-1430-4210	20. MOBILE NO.	09467172633
12. PHILHEALTH NO.	1300254848655	21. E-MAIL ADDRESS (if any)	denisacabajes76@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CABAJES		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ROMEL	NAME EXTENSION (JR., SR.) N/A	N/A	N/A
MIDDLE NAME	CASTEN			
OCCUPATION	KAGAWD			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	SORIA (DECEASED)			
FIRST NAME	NEMESIO (DECEASED)	NAME EXTENSION (JR., SR.) SR.		
MIDDLE NAME	BOHOL (DECEASED)			
25. MOTHER'S MAIDEN NAME	RALLOS (DECEASED)			
SURNAME	SORIA (DECEASED)			
FIRST NAME	LECERIA (DECEASED)			
MIDDLE NAME	RALLOS (DECEASED)			

(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	PANGASUGAN ELEMENTARY SCHOOL	PRIMARY	N/A	N/A	N/A	1987	N/A
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	SECONDARY	N/A	N/A	N/A	1992	N/A
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	N/A	N/A	N/A	2017	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	1/12/2023
-----------	--	------	-----------

[illegible]

(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)

fin

1/12/2023

29	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	NONE	NONE	NONE	NONE	NONE

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


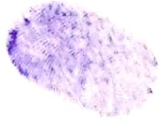

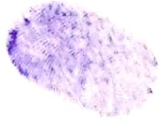

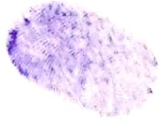
[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
NA	NA	NA

SIGNATURE	<i>Pi</i>	DATE	1/12/2023
-----------	-----------	------	-----------

1/12/2023

<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 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>DR. ROSARIO A. SALAS</td> <td>VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE</td> <td>9088732033</td> </tr> <tr> <td>PROF. ARSENIO D. RAMOS</td> <td>VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE</td> <td>N/A</td> </tr> <tr> <td>DR. MARILOU M. BENITEZ</td> <td>VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE</td> <td>9395106664</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. ROSARIO A. SALAS	VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE	9088732033	PROF. ARSENIO D. RAMOS	VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE	N/A	DR. MARILOU M. BENITEZ	VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE	9395106664
NAME	ADDRESS	TEL. NO.											
DR. ROSARIO A. SALAS	VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE	9088732033											
PROF. ARSENIO D. RAMOS	VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE	N/A											
DR. MARILOU M. BENITEZ	VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE	9395106664											
<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>													
<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.) PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>TIN</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>170-235-542</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>08/25/1994</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:	TIN	ID/License/Passport No.:	170-235-542	Date/Place of Issuance:	08/25/1994	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 80px; vertical-align: bottom; text-align: center;">  (Signature (Sign inside the box)) Date Accomplished: 11/12/2023 </td> <td style="width: 100px; vertical-align: bottom; text-align: center;">  Right Thumbmark </td> </tr> </table>	 (Signature (Sign inside the box)) Date Accomplished: 11/12/2023	 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:	TIN												
ID/License/Passport No.:	170-235-542												
Date/Place of Issuance:	08/25/1994												
 (Signature (Sign inside the box)) Date Accomplished: 11/12/2023	 Right Thumbmark												
<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; width: 300px; height: 60px; margin: 10px auto; text-align: center; padding-top: 10px;"> Person Administering Oath </div>													