

# 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 if accomplished through own handwriting. Tick appropriate boxes ☐ and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

## I. PERSONAL INFORMATION

1. SURNAME	RUBILLOS		
2. FIRST NAME	GRACE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PALARCA		
3. DATE OF BIRTH (dd/mm/yyyy)	04/12/2003	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	TAYTAY, RIZAL	If holder of dual citizenship, please indicate the details.	
5. SEX AT BIRTH	<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:		
7. HEIGHT (m)	1.53	17. RESIDENTIAL ADDRESS	430 PUROK 2 House/Block/Lot No. Street N/A NAGA Subdivision/Village Barangay BATO LEYTE City/Municipality Province
8. WEIGHT (kg)	42	ZIP CODE	6525
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	430 PUROK 2 House/Block/Lot No. Street N/A NAGA Subdivision/Village Barangay BATO LEYTE City/Municipality Province
10. UMID ID NO.	N/A	ZIP CODE	6525
11. PAG-IBIG ID NO.	121370453442		
12. PHILHEALTH NO.	N/A		
13. PhilSys Number (PSN):	3962-9570-3671-6407	19. TELEPHONE NO.	N/A
14. TIN NO.	511-988-597-00000	20. MOBILE NO.	09919972312
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	<a href="mailto:TRYTOTEACH025@GMAIL.COM">TRYTOTEACH025@GMAIL.COM</a>

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/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	RUBILLOS			
FIRST NAME	ADELO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MATURAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	PALARCA			
FIRST NAME	SONIA			
MIDDLE NAME	SURIGAO		(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	NAGA ELEMENTARY SCHOOL	ELEMENTARY	2008	2015	N/A	2015	VALEDICTORIAN
SECONDARY	BATO SCHOOL OF FISHERIES	SENIOR HIGH SCHOOL	2015	2021	N/A	2021	DUNGGANON/ WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS	2021	2025	N/A	2025	DOST JLSS/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	NOVEMBER 22, 2025
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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>	NOVEMBER 22, 2025
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)



[illegible][illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	NOVEMBER 22, 2025
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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 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, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), 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)		
NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL
N/A	N/A	N/A
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.		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: <b>PHILIPPINE IDENTIFICATION CARD</b> ID/License/Passport No.: <b>3962-9570-3671-6407</b> Date/Place of Issuance: <b>01/18/2022</b>	<div style="text-align: center;">           Signature (Sign inside the box)  <b>NOVEMBER 22, 2025</b>          Date Accomplished       </div>	<div style="text-align: center;">           PHOTO   <div style="border: 1px solid black; height: 100px; width: 100%;"></div>         Right Thumbmark       </div>
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; text-align: center; padding-top: 10px;">           Person Administering Oath         </div>		