

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	Alde		
FIRST NAME	Mannylen		
MIDDLE NAME	Coles		
3. DATE OF BIRTH (mm/dd/yyyy)	11/8/1990	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	Borongan Eastern Samar	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	11036 Bustrillos Compound, Apartment 2 Old Faculty Village Downhill Drive Brgy Batong Malake Los Banos, Laguna 4031
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:	18. PERMANENT ADDRESS	Limbauan St. Ext. Brgy. Campesao Borongan Eastern Samar 6800
7. HEIGHT (m)	1.53 m	19. TELEPHONE NO.	N/A
8. WEIGHT (kg)	47 kg	20. MOBILE NO.	09758791734
9. BLOOD TYPE	B	21. E-MAIL ADDRESS (if any)	aldemannylen@yahoo.com
10. GSIS ID NO.			
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	13-025160815-7		
13. SSS NO.			
14. TIN NO.	457-368-261		
15. AGENCY EMPLOYEE NO.	V00878		

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		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	Alde			
FIRST NAME	Emmanuel	Sr.		
MIDDLE NAME	Balano			
25. MOTHER'S MAIDEN NAME				
SURNAME	Coles			
FIRST NAME	Teresita			
MIDDLE NAME	Arma			

(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	Eugenio S. Daza Pilot Elementary School	Elementary	1997	2003		2003	Academic Honor
SECONDARY	Eastern Samar National Comprehensive High School	High School	2003	2007		2007	Academic Honor
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	University of the Philippines Visayas Tacloban College	BS Biology	2007	2011		2011	
GRADUATE STUDIES	Visayas State Univeristy	MS Plant Pathology	2011	2015		2015	DOST

(Continue on separate sheet if necessary)

SIGNATURE		DATE	November 24, 2017
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

November 24, 2017

V. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

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


[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)
Driving and Reading	None	Organic Agriculture Society of the Philippines (OASP) Inc
		Philippine Phytopathological Society

(Continue on separate sheet if necessary)

SIGNATURE		DATE	November 24, 2017
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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)?

☐ YES ☒ NO

☐ YES ☒ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?

☐ YES ☒ NO

If YES, give details:

b. Have you been criminally charged before any court?

☐ YES ☒ 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?

☐ YES ☒ 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?

☒ YES ☐ NO

If YES, give details:

Finished contract as Research Assistant

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

☐ YES ☒ NO

If YES, give details:

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?

☐ YES ☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ 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?

☐ YES ☒ NO

If YES, please specify:

b. Are you a person with disability?

☐ YES ☒ NO

If YES, please specify ID No:

c. Are you a solo parent?

☐ YES ☒ NO

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
JESUSITO L. LIM	Department of Pest Management	
RUBEN M. GAPASIN	Department of Pest Management	
MA. JULIET C. CENIZA	National Coconut Research Center	

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

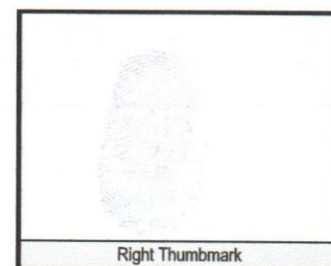
Government Issued ID: PhilHealth

13-025160815-7 January 2013

Signature (Sign inside the box)

November 24, 2017

Date Accomplished



SUBSCRIBED AND SWORN to before me this **DEC 05 2017**, affiant exhibiting his/her validly issued government ID as indicated above.

DDC. NO. 097

PAGE NO. 090

BOOK NO. LXV

SERIES OF 2017

Person Administering Oath

(ATTY.) ROMMEL G. OLIVA

NOTARY PUBLIC

FOR THE PROVINCE OF LAGUNA

PTR No. 6222106-1/1/3/17/Cal. City Lag

IBP Lifetime No. 007756 MANILA

Roll No. 37137

MCLE No. V0001987

MY COMMISSION EXPIRES ON DEC 24

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