

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 () ☐ 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 | Armada | | |
| FIRST NAME | Florence Adelyn | | NAME EXTENSION (JR., SR) |
| MIDDLE NAME | Oquias | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 15/01/1993 | 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 | Baybay, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS | 743 Purok 6 House/Block/Lot No. Street Brgy. Gabas Subdivision/Village Barangay Baybay City Leyte City/Municipality Province |
| 7. HEIGHT (m) | 1.64 | ZIP CODE | 6521 |
| 8. WEIGHT (kg) | 48 | | |
| 9. BLOOD TYPE | B | 18. PERMANENT ADDRESS | 743 Purok 6 House/Block/Lot No. Street Brgy. Gabas Subdivision/Village Barangay Baybay City Leyte City/Municipality Province |
| 10. GSIS ID NO. | NONE | ZIP CODE | 6521 |
| 11. PAG-IBIG ID NO. | NONE | | |
| 12. PHILHEALTH NO. | 12-051333183-0 | 19. TELEPHONE NO. | NONE |
| 13. SSS NO. | 06-3521463-0 | 20. MOBILE NO. | 09395663783 |
| 14. TIN NO. | 477-809-520 | 21. E-MAIL ADDRESS (if any) | florencarmada@gmail.com |
| 15. AGENCY EMPLOYEE NO. | | | |

II. FAMILY BACKGROUND

| | | | | |
|--------------------------|----------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | NONE | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | N/A | NAME EXTENSION (JR., SR) | NONE | 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 | Armada | | | |
| FIRST NAME | Fernando | NAME EXTENSION (JR., SR) | | |
| MIDDLE NAME | Ampatin | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | Oquias | | | |
| FIRST NAME | Amalia | | | |
| MIDDLE NAME | Napoles | | | |

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 | Baybay I North Central School | | 1999 | 2005 | | 2005 | 2nd Honorable |
| SECONDARY | Baybay National High School | | 2005 | 2009 | | 2009 | Valedictoria n |
| VOCATIONAL / TRADE COURSE | NONE | | N/A | N/A | | N/A | N/A |
| COLLEGE | University of San Carlos | BS Applied Physics | 2009 | 2014 | | 2014 | DOST Scholar |
| GRADUATE STUDIES | University of San Carlos | MS Physics | 2016 | 2018 | | 2018 | DOST Scholar |

(Continue on separate sheet if necessary)

| | | | |
|-----------|---|------|----------------|
| SIGNATURE |  | DATE | August 2, 2019 |
|-----------|---|------|----------------|

[illegible]

V. WORK EXPERIENCE

[illegible]

| | | | |
|-----------|---|------|----------|
| SIGNATURE |  | DATE | 8/2/2019 |
|-----------|---|------|----------|

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

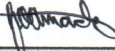
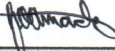


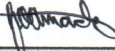
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

[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) |
|--------------------------------|--|---|
| NONE | NONE | NONE |
| | | |
| | | |

| 34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the 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); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following 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) | | | | | | | | | | | | | | |
| <table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Dr. Rommel G. Bacabac</td><td>Department of Physics, USC, Cebu City</td><td>N/A</td></tr><tr><td>Dr. Marissa P. Liponhay</td><td>Department of Physics, USC, Cebu City</td><td>N/A</td></tr><tr><td>Dr. Roland E. Otadoy</td><td>Department of Physics, USC, Cebu City</td><td>N/A</td></tr></tbody></table> | | | NAME | ADDRESS | TEL. NO. | Dr. Rommel G. Bacabac | Department of Physics, USC, Cebu City | N/A | Dr. Marissa P. Liponhay | Department of Physics, USC, Cebu City | N/A | Dr. Roland E. Otadoy | Department of Physics, USC, Cebu City | N/A |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | | |
| Dr. Rommel G. Bacabac | Department of Physics, USC, Cebu City | N/A | | | | | | | | | | | | |
| Dr. Marissa P. Liponhay | Department of Physics, USC, Cebu City | N/A | | | | | | | | | | | | |
| Dr. Roland E. Otadoy | Department of Physics, USC, Cebu City | 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. | | | | | | | | | | | | | | |
| <table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td><td>PLEASE INDICATE ID Number</td></tr><tr><td>Government Issued ID:</td><td>Passport</td></tr><tr><td>ID/License/Passport No.:</td><td>P5069120A</td></tr><tr><td>Date/Place of Issuance:</td><td>11/17/2017 - Tacloban City</td></tr></table> | Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) | PLEASE INDICATE ID Number | Government Issued ID: | Passport | ID/License/Passport No.: | P5069120A | Date/Place of Issuance: | 11/17/2017 - Tacloban City | <table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>8/2/2019</td></tr><tr><td>Date Accomplished</td></tr></table> |  | Signature (Sign inside the box) | 8/2/2019 | Date Accomplished | <div> FLORENCE ADELYN O. ARMADA</div> <div> Right Thumbmark</div> |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) | PLEASE INDICATE ID Number | | | | | | | | | | | | | |
| Government Issued ID: | Passport | | | | | | | | | | | | | |
| ID/License/Passport No.: | P5069120A | | | | | | | | | | | | | |
| Date/Place of Issuance: | 11/17/2017 - Tacloban City | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Signature (Sign inside the box) | | | | | | | | | | | | | | |
| 8/2/2019 | | | | | | | | | | | | | | |
| Date Accomplished | | | | | | | | | | | | | | |