

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	Armada			
FIRST NAME	Florence Adelyn		NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	Oquias			
3. DATE OF BIRTH (mm/dd/yyyy)	1/15/1993	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization	
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 Brgy. Gabas Baybay City Leyte 6521	
7. HEIGHT (m)	1.64	18. PERMANENT ADDRESS	743 Purok 6 Brgy. Gabas Baybay City Leyte 6521	
8. WEIGHT (kg)	50		6521	
9. BLOOD TYPE	B	20. MOBILE NO.	09395663783	
10. GSIS ID NO.	NONE			
11. PAG-IBIG ID NO.	NONE	21. E-MAIL ADDRESS (if any)	florencarmada@gmail.com	
12. PHILHEALTH NO.	12-051333183-0			
13. SSS NO.	06-3521463-0			
14. TIN NO.	477-809-520			
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			

(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	Baybay I North Central School	Primary Education	1999	2005	Graduated	2005	2nd Honorable Mention
SECONDARY	Baybay National High School	Secondary Education	2005	2009	Graduated	2009	Valedictorian
VOCATIONAL / TRADE COURSE	NONE	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	University of San Carlos	BS Applied Physics	2009	2014	Graduated	2014	DOST Scholar
GRADUATE STUDIES	University of San Carlos	MS Physics	2016	2018	Graduated	2018	DOST Scholar
SIGNATURE			DATE		January 31, 2020		

[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]

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

[illegible]

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

[illegible]

### VIII. OTHER INFORMATION

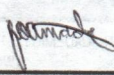
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
NONE	NONE	NONE
SIGNATURE	DATE	January 31, 2020

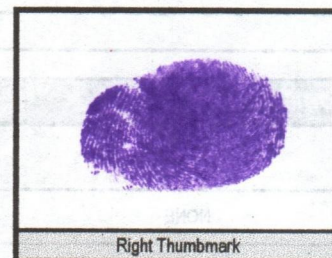
34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (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); and (c) Solo Parents Welfare Act of 2000 (RA 8972), 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	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.		



Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	Visayas State University ID
ID/License/Passport No.:	V01111
Date/Place of Issuance:	08/01/2018 - VSU, Visca, Baybay City, Leyte

	
Signature (Sign inside the box)	
January 31, 2020	
Date Accomplished	



SUBSCRIBED AND SWORN to before me this 06 FEB 2020, affiant exhibiting his/her validly issued government ID as indicated above.

