

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	Bulawan			
FIRST NAME	Lovely Mae	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	Estor			
3. DATE OF BIRTH (mm/dd/yyyy)	11/06/1997	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	Baybay, Leyte	If holder of dual citizenship, please indicate the details.	Philippines	
5. SEX	☐ Male ☒ Female			
6. CIVIL STATUS	☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	30 de Diciembre Street House/Block/Lot No. Street Poblacion Zone 23 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province	
7. HEIGHT (m)	1.51	ZIP CODE	6521	
8. WEIGHT (kg)	55.00			
9. BLOOD TYPE	O+		18. PERMANENT ADDRESS	30 de Diciembre Street House/Block/Lot No. Street Poblacion Zone 23 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	2005462306		ZIP CODE	6521
11. PAG-IBIG ID NO.	12123492541			
12. PHILHEALTH NO.	132503710009			
13. SSS NO.	N/A	19. TELEPHONE NO.		N/A
14. TIN NO.	350970027	20. MOBILE NO.	909-323-4740	
15. AGENCY EMPLOYEE NO.	V01094	21. E-MAIL ADDRESS (if any)	lovely.bulawan@vsu.edu.ph	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Bulawan		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Ariel	NAME EXTENSION (JR., SR)	Al Keeon E. Bulawan	03/30/2022
MIDDLE NAME	Redubla			
OCCUPATION	Policeman			
EMPLOYER/BUSINESS NAME	PNP			
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	Estor			
FIRST NAME	Francisco	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Marumas			
25. MOTHER'S MAIDEN NAME	Virginia Gucela Jabines			
SURNAME	Estor			
FIRST NAME	Virginia			
MIDDLE NAME	Jabines		(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 Central School	Elementary	2004	2010		2010	N/A
SECONDARY	Baybay National High School	High School	2010	2014		2014	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Bachelor of Science in Secondary Education	2014	2018		2018	DOST/ Magna Cum Laude
GRADUATE STUDIES	Cebu Normal University	Master of Science in Mathematics	2019				N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	08/07/2024
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IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	Licensed Professional Teacher		N/A	N/A	N/A	N/A
	Honor Graduate Eligibility		N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	08/07/2024
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N/A	N/A	N/A	N/A	N/A	
(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)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Summer Upgrading Program for Mathematics Teachers	06/03/2024	06/05/2024	24	Instruction	Mathematical Society of the Philippines
	Summer Institute in the Natural Sciences and Mathematics	04/27/2023	04/29/2023	24	Instruction	College of Science, University of the Philippines - Baguio
	Lambert W Function and Riemann Surfaces	10/21/2019	10/23/2019	24	Research	Cebu Normal University
	2019 Summer Upgrading Program for Mathematics Teachers	05/30/2019	06/01/2019	24	Instruction	Mathematical Society of the Philippines
	2019 MTAP-TL Summer Lecture on MMW	05/18/2019	05/18/2019	8	Instruction	Mathematics Teachers Association of the Philippines-Tertiary Level Chapter
	2018 International Convention of the Mathematics Teachers Association of the Philippines-Tertiary Level	07/25/2018	07/27/2018	24	Instruction	Mathematics Teachers Association of the Philippines-Tertiary Level Chapter
(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)	
	N/A		N/A		N/A	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	08/07/2024	

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? b. Have you been criminally charged before any court?		☐ YES☒ NO If YES, give details: _____ ☐ 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: _____												
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?		☐ YES☒ NO If YES, give details: _____ ☐ 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? b. Are you a person with disability? c. Are you a solo parent?		☐ YES☒ NO If YES, please specify: _____ ☐ YES☒ NO If YES, please specify ID No _____ ☐ YES☒ NO If YES, please specify ID No _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>Eusebio Lina Jr.</td><td>Visayas State University</td><td>09293697060</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>			NAME	ADDRESS	TEL. NO.	Eusebio Lina Jr.	Visayas State University	09293697060						
NAME	ADDRESS	TEL. NO.												
Eusebio Lina Jr.	Visayas State University	09293697060												
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.		ID picture taken within the last 6 months 3.5 cm x 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable PHOTO Right Thumbmark												
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i> Government Issued ID: PHILHEALTH ID/License/Passport No.: 132503710009 Date/Place of Issuance: 10/15/2018 / Baybay City, Leyte	Signature (Sign inside the box) 08/07/2024 Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath														