

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	Agad		
FIRST NAME	Noreve Jean	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Malacora		
3. DATE OF BIRTH (mm/dd/yyyy)	07/27/1995	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.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Purok 2 House/Block/Lot No. Street Santa Cruz Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.52	ZIP CODE	6521
8. WEIGHT (kg)	51.00		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	Purok 2 House/Block/Lot No. Street Santa Cruz Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	121170993677		
12. PHILHEALTH NO.	130254047164		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	3420239870000	20. MOBILE NO.	928-313-0662
15. AGENCY EMPLOYEE NO.	V02206	21. E-MAIL ADDRESS (if any)	noreve.agad@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	AGAD		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JERDAN	NAME EXTENSION (JR., SR)	AMARA EVERDANE M. AGAD	11/24/2019
MIDDLE NAME	LIBRES			
OCCUPATION	ACCREDITED ELECTRICIAN			
EMPLOYER/BUSINESS NAME	LEYECO IV			
BUSINESS ADDRESS	HILONGOS, LEYTE			
TELEPHONE NO.				
24. FATHER'S SURNAME	MALACORA			
FIRST NAME	NELSON	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SINDAY			
25. MOTHER'S MAIDEN NAME	CARMELITA CASTILLO ORACION			
SURNAME	MALACORA			
FIRST NAME	CARMELITA			
MIDDLE NAME	ORACION		(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	Sta.Cruz Elementary School	Primary Education	2002	2008		2008	Salutatorian
SECONDARY	Visayas State University Laboratory High School	Secondary Education	2008	2012		2012	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	Bachelor of Science in Chemistry	2012	2016		2016	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/19/2025
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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		
	STA. CRUZ ELEMENTARY SCHOOL ALUMNI ASSOCIATION BRGY. STA. CRUZ, BAYBAY CITY, LEYTE	04/26/2023	04/26/2025	1	PRESIDENT

(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)
Reading non-fiction books	N/A	STA. CRUZ ELEMENTARY SCHOOL ALUMNI ASSOCIATION
Conduct field and laboratory works		
INTERNET BROWSING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/19/2025
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<div>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)?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div></div>												
<div>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<div>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?</div>		<div><div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: RESIGNATION _____</div></div>												
<div>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?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div></div>												
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></div>												
<div>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?</div>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div></div></div>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>MARIA ROBELYN A. INSIK</td><td>VISAYAS STATE UNIVERSITY</td><td>0917-964-0037</td></tr><tr><td>ELIZABETH S. QUEVEDO</td><td>VISAYAS STATE UNIVERSITY</td><td>0917-890-5565</td></tr><tr><td>FELIX M. SALAS</td><td>VISAYAS STATE UNIVERSITY</td><td>0939-282-2794</td></tr></table>			NAME	ADDRESS	TEL. NO.	MARIA ROBELYN A. INSIK	VISAYAS STATE UNIVERSITY	0917-964-0037	ELIZABETH S. QUEVEDO	VISAYAS STATE UNIVERSITY	0917-890-5565	FELIX M. SALAS	VISAYAS STATE UNIVERSITY	0939-282-2794
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<div>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.</div>		<div><div><div>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</div><div>PHOTO</div></div><div><div></div><div>Right Thumbmark</div></div></div>												
<div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div><div>Government Issued ID: DL</div><div>ID/License/Passport No.: H1224001087</div><div>Date/Place of Issuance: 03/25/2024 / Baybay City, Leyte</div></div>	<div><div></div><div>Signature (Sign inside the box)</div><div>02/19/2025</div><div>Date Accomplished</div></div>													
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div></div><div>Person Administering Oath</div></div>														