

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.

(Do not fill up. For CSC use only)

Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

I. PERSONAL INFORMATION

2. SURNAME	PASTRANA		NAME EXTENSION (JR., SR)	N/A
FIRST NAME	CINDY			
MIDDLE NAME	CAÑETE			
3. DATE OF BIRTH (mm/dd/yyyy)	06/03/2002	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	ORMOC CITY, 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	LOT 159 BLK. 4 RAFI House/Block/Lot No. Street Tambullid Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province	
7. HEIGHT (m)	1.63 m	ZIP CODE		
8. WEIGHT (kg)	45 kg	18. PERMANENT ADDRESS	LOT 159, BLK 4, RAFI House/Block/Lot No. Street Tambullid Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province	
9. BLOOD TYPE	O+	ZIP CODE	6541	
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A	
11. PAG-IBIG ID NO.	121347082838	20. MOBILE NO.	0912-518-8034	
12. PHILHEALTH NO.	02-252662156-9	21. E-MAIL ADDRESS (if any)	pastranacindy143@gmail.com	
13. SSS NO.	06-4760953-4			
14. TIN NO.	645-694-873-00000			
15. AGENCY EMPLOYEE NO.	N/A			

II. FAMILY BACKGROUND

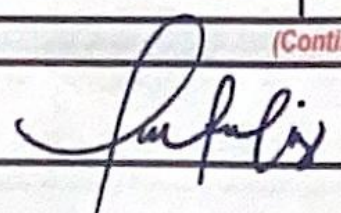
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)		N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	PASTRANA			
FIRST NAME	GERARDO	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	ASTILLERO			
25. MOTHER'S MAIDEN NAME				
SURNAME	CAÑETE			
FIRST NAME	MAURA			
MIDDLE NAME	AMOLIN			

(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	ORMOC KINDERLAND INCORPORATED	ELEMENTARY	2008	2014		2014	PROFICIENT HONOR
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL ACIC COLLEGE OF ORMOC	JUNIOR HIGH SCHOOL SENIOR HIGH SCHOOL	2014 2018	2018 2020		2020	WITH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A			N/A	N/A	
COLLEGE	WESTERN LEYTE COLLEGE	BACHELOR OF SCIENCE IN ENTREPRENEURSHIP	2020	2024		2024	ORMOC LGU SCHOLAR
GRADUATE STUDIES	N/A	N/A			N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	APRIL 21, 2025
-----------	---	------	----------------

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? YES NO

b. within the fourth degree (for Local Government Unit - Career Employees)? 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: RESIGNATION

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.
YUAN G. CAÑAS	ORMOC CITY	0939-455-7644
ANGELICA MONIQUE MERIN	ORMOC CITY	0912-590-8427



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: NATIONAL ID

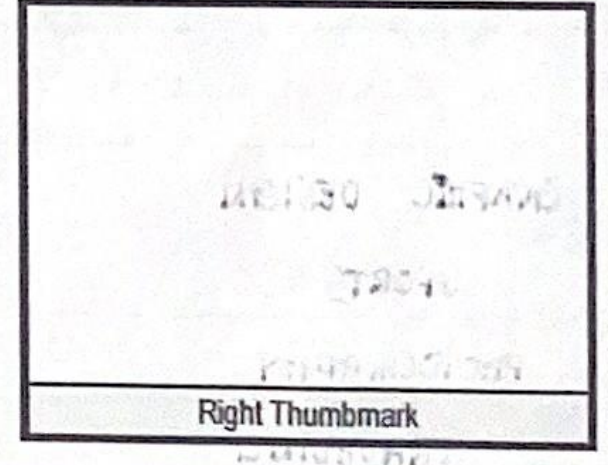
ID/License/Passport No.: 5760-2851-2548-6389

Date/Place of Issuance: ORMOC CITY

[Signature]

Signature (Sign inside the box)

Date Accomplished



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

Person Administering Oath