

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	PEDUCHE		
FIRST NAME	ANN NINA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MACASUHOT		
3. DATE OF BIRTH (mm/dd/yyyy)	01/14/1999	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	MAASIN CITY SOUTHERN 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	LOPEZ JAENA House/Block/Lot No. Street TALIWA Subdivision/Village Barangay MALITBOG SOUTHERN LEYTE City/Municipality Province
7. HEIGHT (m)	1.63	ZIP CODE	
8. WEIGHT (kg)	69		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	LOPEZ JAENA House/Block/Lot No. Street TALIWA Subdivision/Village Barangay MALITBOG SOUTHERN LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6603
11. PAG-IBIG ID NO.	121275963473		
12. PHILHEALTH NO.	130255604679	19. TELEPHONE NO.	N/A
13. SSS NO.	35-0099588-7	20. MOBILE NO.	+63970-057-2572
14. TIN NO.	770-941-753	21. E-MAIL ADDRESS (if any)	annpeduche@gmail.com
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	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	PEDUCHE			
FIRST NAME	ENRICO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DANDAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	MACASUHOT			
FIRST NAME	MANUELITA			
MIDDLE NAME	ESCLAMADO		(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	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	MALITBOG CENTRAL SCHOOL	GRADUATE	6/6/2006	6/4/2011		2011	
SECONDARY	SANTO NINO ACADEMY	GRADUATE	6/6/2011	6/4/2015		2015	
VOCATIONAL	N/A						
COLLEGE	SOUTHERN LEYTE STATE UNIVERSITY - TOMAS OPPUS	BS BUSINESS ADMINISTRATION - MM	6/6/2016	6/4/2020		2020	
GRADUATE STUDIES							

SIGNATURE		DATE	
		4/12/23	

[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>[Signature]</i>	DATE	4/12/23
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4/12/23

NAME & ADDRESS OF ORGANIZATION



(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)

4/12/23

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>_____</p>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>_____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>_____</p>
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>_____</p>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country):</p> <p>_____</p>
<p>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</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>

Government Issued ID: (i.e. passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	 Signature (Sign inside the box) 9/12/23 Date Accomplished	 Right Thumbmark
Government Issued ID: PHILHEALTH		
ID/License/Passport No.: 130255604679		
Date/Place of Issuance: MAASIN CITY SOUTHERN LEYTE		

