

# PERSONAL DATA SHEET

**WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases 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** [1. CSID No. (Do not fill up. For CSC use only)]

## I. PERSONAL INFORMATION

2. SURNAME	GULA		
FIRST NAME	LOUIE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PETERE		
3. DATE OF BIRTH (mm/dd/yyyy)	JULY 24, 1998	16. CITIZENSHIP  If holder of dual citizenship, please indicate the details.	<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	RGY. ALTAVISTA MATALOM LEY		
5. SEX	<input checked="" type="checkbox"/> Male <input 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  If holder of dual citizenship, please indicate the details.	Hours/Block/Lot No. _____ Street _____ CARIDAD NORTE Sub-division/Village _____ Barangay _____ MATALOM LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.62 cm.		
8. WEIGHT (kg)	62 kg		ZIP CODE
9. BLOOD TYPE	AB+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS  If holder of dual citizenship, please indicate the details.	Hours/Block/Lot No. _____ Street _____ CARIDAD NORTE Sub-division/Village _____ Barangay _____ MATALOM LEYTE City/Municipality _____ Province _____
12. PHILHEALTH NO.	N/A		ZIP CODE
13. SSS NO.	06-4338338-8	19. TELEPHONE NO.	N/A
14. TIN NO.	748327487	20. MOBILE NO.	09059564530
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	louiegula24@gmail.com

## 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	N/A	NAME EXTENSION (JR., SR)		
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GULA			
FIRST NAME	COSME	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CANETO			
25. MOTHER'S MAIDEN NAME				
SURNAME	PETERE			
FIRST NAME	CARINA			
MIDDLE NAME	ODIAS			

## 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	J.P. OLO MEMORIAL ELEM. SCHOOL						
SECONDARY	MATALOM NATIONAL HIGH SCHOOL						
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION			CUM LAUDE	2019	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF EDUCATION MAJOR IN PE			ON-GOING	ON-GOING	

<b>SIGNATURE</b>	<b>DATE</b>
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34. Are you related by consanguinity or affinity to the appointing or recommending chief of bureau or office or to the person who has immediate supervision over 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 Cases: \_\_\_\_\_

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 \_\_\_\_\_)

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: \_\_\_\_\_

Page 1

41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TEL. NO.
JOVEL ABERILLA	INOPACAN	
BAYRON S. BARREDO	BAYBAY	



PHOTO

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

Government Issued ID (i.e., Passport, GSIS, SSS, PRC, Driver's License, etc.) <b>PLEASE INDICATE ID Number</b>		
Government Issued ID		
ID/License/Passport		
Date/Place of Issuance		
	Signature (Sign inside the box)	Right Thumbmark
	Date Accomplished	

SCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated at

\_\_\_\_\_  
 Person Administering Oath