

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	ROBLES		
FIRST NAME	ROHAN CLARK		NAME EXTENSION (JR., SR)
MIDDLE NAME	CABAHUG		
3. DATE OF BIRTH (mm/dd/yyyy)	OCTOBER 19, 1997	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	ALBUERA, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	359 ZONE 4 House/Block/Lot No. Street Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province
7. HEIGHT (m)	160 cm	ZIP CODE	6542
8. WEIGHT (kg)	55 kg		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	359 ZONE 4 House/Block/Lot No. Street Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6542
11. PAG-IBIG ID NO.	121174867030		
12. PHILHEALTH NO.	13-050206088-1		
13. SSS NO.	3481973847	19. TELEPHONE NO.	N/A
14. TIN NO.	717-718-604	20. MOBILE NO.	09062453967
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	roblesrohanclark@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)	N/A	
MIDDLE NAME	N/A		N/A	
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ROBLES			
FIRST NAME	PIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GUINTE			
25. MOTHER'S MAIDEN NAME				
SURNAME	CABAHUG			
FIRST NAME	VIVENCIA			
MIDDLE NAME	CALAGING			

(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	ALBUERA NORTH CENTRAL SCHOOL	PRIMARY	2004	2010	N/A	2010	VALEDICTORIAN
SECONDARY	NEW ORMOC CITY NATIONAL HIGHSCHOOL	SECONDARY	2010	2014	N/A	2014	SALUTATORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	WESTERN LEYTE COLLEGE OF ORMOC CITY INC.	BACHELOR OF SCIENCE IN ACCOUNTANCY	2014	2018	N/A	2018	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/22/23
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[illegible]

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DANCING	N/A	BOY SCOUT OF THE PHILLIPINES
PLAYING INSTRUMENTS		JUNIOR PHILIPPINE INSTITUTE OF ACCOUNTANTS
READING BOOKS		

SIGNATURE		DATE	2/22/23
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>RESIGN</u>
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
MRS. MA. AIMEE P. ABLEN	DAYHAGAN ORMOC CITY	9606620467
ENGR. RAYMUNDO P. ABLEN	DAYHAGAN ORMOC CITY	9951482091
MA. HEDEN L. ANTIGUA	TABGAS ALBUERA LEYTE	9168714812
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.		



ROHAN C. ROBLES

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: PHILHEALTH ID
ID/License/Passport No.: 13-050206088-1
Date/Place of Issuance: ORMOC CITY, LEYTE

Signature (Sign inside the box)
DECEMBER 22, 2023
Date Accomplished



SUBSCRIBED AND SWORN to before me this

DEC 22 2023 ATTY. MA. KRISKA ANGELLA H. TUMAMAK

, affiant exhibiting his/her valid government ID as indicated above.

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Municipalities of Kananga, Marikina, Marikina and Isabel, Leyte Commission No. ORM-22-09-018-NC Unit December 31, 2024 Roll of Attorney's No. 82440 IBP No. 270662/ 01/05/2023/ Leyte Chapter PTR No. 7458809/ 01/06/2023/ Ormoc City MCLE (Newly Admitted to the Bar May 3, 2022)
Person Administering Oath Bldg. corner Rizal and Aviles Streets Contact No. 0967-324-6663