

# 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	MONTAJES		
FIRST NAME	GIEBERT	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	LUNGAY		
3. DATE OF BIRTH (mm/dd/yyyy)	12/11/1993	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	CUPANG, MUNTINLUPA, MM.	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input 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	ZONE-1 ALAJAS ST. House/Block/Lot No. Street CORAZON VILLAGE BRGY. CARIDAD Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.66	ZIP CODE	6521
8. WEIGHT (kg)	70		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	ZONE-1 ALAJAS ST. House/Block/Lot No. Street CORAZON VILLAGE BRGY. CARIDAD Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	121200622978	19. TELEPHONE NO.	NONE
12. PHILHEALTH NO.	13-025407659-8	20. MOBILE NO.	(0955) 718 8778 / (0907) 337 8702
13. SSS NO.	06-3838607-3	21. E-MAIL ADDRESS (if any)	giebert011@gmail.com
14. TIN NO.	341-196-156		
15. AGENCY EMPLOYEE NO.	N/A		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MONTAJES	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	DECA VARIÑA	NAME EXTENSION (JR., SR) N/A	NONE
MIDDLE NAME	GALVEZ		N/A
OCCUPATION	GOVERNMENT EMPLOYEE		
EMPLOYER/BUSINESS NAME	LOCAL GOVERNMENT UNIT - BAYBAY CITY		
BUSINESS ADDRESS	DIVERSION ROAD, BRGY. GAAS, BAYBAY CITY, 6521 LEYTE		
TELEPHONE NO.	(0920) 271 3970		
24. FATHER'S SURNAME	MONTAJES		
FIRST NAME	BERTULFO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	DIGNARAN		
25. MOTHER'S MAIDEN NAME	VIRGINIA PELICANO LUNGAY		
SURNAME	LUNGAY		
FIRST NAME	VIRGINIA		
MIDDLE NAME	PELICANO		(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	PLARIDEL CENTRAL SCHOOL	PRIMARY EDUCATION	2001	2007	N/A	2007	N/A
SECONDARY	PLARIDEL NATIONAL HIGH SCHOOL	HIGH SCHOOL	2007	2011	N/A	2011	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2011	2015	N/A	2015	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 6, 2023
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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?  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: \_\_\_\_\_

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.
<b>MR. MARIANITO E. GORGONIO</b>	2/F BAYBAY CITY HALL, DIVERSION RD., BRGY. GAAS, BAYBAY CITY, LEYTE	<b>0977 802 9133</b>
<b>MR. ALFON M. AISA</b>	BO. SAN LUIS, GINGOOG CITY, MISAMIS ORIENTAL	<b>0917 624 1050</b>
<b>MS. LOREGIN S. PUGOSA</b>	VISCA, BAYBAY CITY, LEYTE	<b>0920 253 0288</b>



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.: **4025-1307-3249-8016**


Date/Place of Issuance: **BAYBAY CITY, LEYTE**



Signature (Sign inside the box)  
**October 6, 2023**  
Date Accomplished

Right Thumbmark

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



Person Administering Oath