

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.

I. PERSONAL INFORMATION

2. SURNAME	MIGUELLO		
FIRST NAME	WILLIAN ANDREANA		NAME EXTENSION (JR., SR): N/A
MIDDLE NAME	BINALINGBING		
3. DATE OF BIRTH (mm/dd/yyyy)	04/09/2003	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	MANILA	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	BACK OF NSTC DORM House/Block/Lot No. Street LTO DRIVE GUIWAN 1 Subdivision/Village Barangay PALOMPON LEYTE City/Municipality Province
7. HEIGHT (m)	1.50	ZIP CODE	6538
8. WEIGHT (kg)	60		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	BACK OF NSTC DORM House/Block/Lot No. Street LTO DRIVE GUIWAN 1 Subdivision/Village Barangay PALOMPON LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6538
11. PAG-BIG ID NO.	N/A		
12. PHILHEALTH NO.	08-255634679-4		
13. SSS NO.	06-5087907-6	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09630938970
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	willianandreanamiquello@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		NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MIGUELLO			
FIRST NAME	WILLIAM	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ZARAGOSA			
25. MOTHER'S MAIDEN NAME				
SURNAME	BINALINGBING			
FIRST NAME	NORY			
MIDDLE NAME	ABISADO			

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	SCHOLARS HIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	PALOMPON SOUTH CENTRAL SCHOOL	PRIMARY EDUCATION	A.Y 2009	A.Y 2015	N/A	2015	N/A
SECONDARY	PALOMPON NATIONAL HIGH SCHOOL	HIGH SCHOOL	A.Y 2015	A.Y 2021	N/A	2021	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN APPLIED PHYSICS	A.Y 2021	A.Y 2025	N/A	2025	BSAP GRANT
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SIGNATURE		DATE	JULY 30, 2025
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S


[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)
Time-management skills	N/A	VISAYAS STATE UNIVERSITY ALUMNI
Planning and Organising		
Writing short stories		
Reading entertainment books		

SIGNATURE		DATE	JULY 30, 2025

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 you in the 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 type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<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 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									
PETER JOY L. VICONTE		PALOMPON, LEYTE									
JEFFREY LLOYD L. CAGANDE		BAYBAY CITY, LEYTE									
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.											
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <table><tr><td>Government Issued ID:</td><td>SSS</td></tr><tr><td>ID/License/Passport No.:</td><td>06-5087907-6</td></tr><tr><td>Date/Place of Issuance:</td><td>APRIL 1, 2025</td></tr></table>		Government Issued ID:	SSS	ID/License/Passport No.:	06-5087907-6	Date/Place of Issuance:	APRIL 1, 2025	<div></div> <table><tr><td>Signature (Sign inside the box)</td></tr><tr><td>JULY 30, 2025</td></tr><tr><td>Date Accomplished</td></tr></table>	Signature (Sign inside the box)	JULY 30, 2025	Date Accomplished
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		<div></div> <p>PHOTO</p> <div></div> <p>Right Thumbmark</p>									
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.											
<div></div> <div>Person Administering Oath</div>											

