

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	CASTIL		
FIRST NAME	JHONAVEL		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	ROMBLON		
3. DATE OF BIRTH (mm/dd/yyyy)	FEBRUARY 23, 1995	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: Philippines
4. PLACE OF BIRTH	ANAHAWAN, 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	GUMAMELA ST. House/Block/Lot No. Street MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.55 m	ZIP CODE	6521
8. WEIGHT (kg)	62 kg		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	House/Block/Lot No. Street LEWING Subdivision/Village Barangay ANAHAWAN SOUTHERN LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6610
11. PAG-IBIG ID NO.	121143904491		
12. PHILHEALTH NO.	03-025772050-7		
13. SSS NO.	03-45123574-8	19. TELEPHONE NO.	N/A
14. TIN NO.	322-041-301-000	20. MOBILE NO.	0955-420-9673 / 0928-755-6851
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	rihonavel@yahoo.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	EROS GAVIN CASTIL	FEB. 26, 2019
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CASTIL			
FIRST NAME	NILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MATAFLORIDA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ROMBLON			
FIRST NAME	REFELYN			
MIDDLE NAME	PALCO			

(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	MAHALO ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2007	GRADUATED	2007	SALUTATORIA N
SECONDARY	SAINT ANTHONY'S HIGH SCHOOL	SECONDARY EDUCATION	2007	2011	GRADUATED	2011	SALUTATORIA N
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	METRO MANILA COLLEGE	BSBA-FINANCIAL MANAGEMENT	2011	2015	GRADUATED	2015	MAGNA CUM LAUDE
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/09/2021
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[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>from</i>	DATE	06/09/2021
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[illegible]

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 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: _____ FINISHED CONTRACT
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 checked="" type="checkbox"/> YES <input 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.
MA. ENCARNACION V. QUADRA	QUEZON CITY	09178830085
MARILYN S. CANUEL	SAMPALOC, MANILA	09432024794

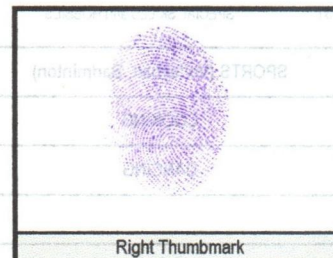
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: SSS
ID/License/Passport No.: CRN-0111-4863951-0
Date/Place of Issuance: OCTOBER 27, 2015

Signature (Sign inside the box) <i>[Signature]</i> 06-09-2021 Date Accomplished
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Right Thumbmark

SUBSCRIBED AND SWORN to before me this 7/1/2021, affiant exhibiting his/her validly issued government ID as indicated above.

Signature <i>[Signature]</i> Date 06/09/2021 Person Administering Oath
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