

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	PASTORIL		
FIRST NAME	EDMEDIO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SABANDO		
3. DATE OF BIRTH (mm/dd/yyyy)	August 10, 1965	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	ALBUERA, Leyte	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay Bunga City/Municipality Baybay Province Leyte ZIP CODE 6521
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:	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay Bunga City/Municipality Baybay Province Leyte ZIP CODE 6521
7. HEIGHT (m)	5'5"	19. TELEPHONE NO.	None
8. WEIGHT (kg)	121 lbs.	20. MOBILE NO.	09479702080
9. BLOOD TYPE	O	21. E-MAIL ADDRESS (if any)	None
10. GSIS ID NO.	B65GAESP019		
11. PAG-IBIG ID NO.	1700-0025-7911		
12. PHILHEALTH NO.	13-000015669-9		
13. SSS NO.	None		
14. TIN NO.	169-799-442		
15. AGENCY EMPLOYEE NO.	V000892		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	PASTORIL		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARICHU	NAME EXTENSION (JR., SR)	KARLA VANESSA C. PASTORIL	7-5-95
MIDDLE NAME	GABUT		Kyle EDRIEN C. PASTORIL	5-31-99
OCCUPATION	None		KLUY G. PASTORIL	5-6-16
EMPLOYER/BUSINESS NAME	None			
BUSINESS ADDRESS	None			
TELEPHONE NO.	None			
24. FATHER'S SURNAME	PASTORIL			
FIRST NAME	ANECITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BERNARDINO			
25. MOTHER'S MAIDEN NAME	Baron			
SURNAME	PASTORIL			
FIRST NAME	CATALINA			
MIDDLE NAME	SABANDO			

(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 Central Elem. School	Elementary	1972	1978		1978	Grad.
SECONDARY	Albuera Private High School	High School	1978	1982		1982	Grad.
VOCATIONAL / TRADE COURSE	Asian Technical Center	Automotive Mechanic	April 1990	June 1990		1990	
COLLEGE	N/A						
GRADUATE STUDIES							

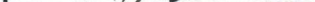
(Continue on separate sheet if necessary)

SIGNATURE		DATE	April 21, 2017
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[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	April 21, 2017
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIL NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)


[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Driving	N/A	N/A
Mechanic		
Welding		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
		April 21, 2017	

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)?

☐ 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 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)?

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 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?

☐ YES☒ NO

If YES, please specify:

☐ YES☒ NO

If YES, please specify ID No:

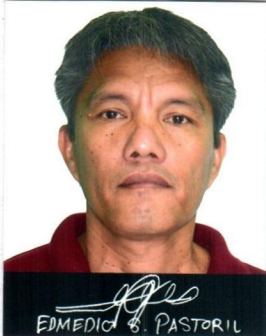
☐ YES☒ NO

If YES, please specify ID No:

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

NAME	ADDRESS	TEL. NO.
Dr. Zewaida C. Gonzaga	VSCU, Visca, Baybay City	
Dr. Rodolfo G. Escalada	Gagbas, Baybay City	
Dr. Rosario A. Salas	VSCU, Visca, Baybay City	

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.



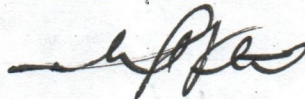
EDMEDICO B. PASTORIL

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: VISAYAS STATE UNIVERSITY

ID/License/Passport No: V000392

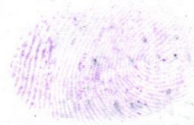
Date/Place of Issuance: 1-2-2010



Signature (Sign inside the box)

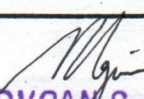
APRIL 21, 2017

Date Accomplished



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SUBSCRIBED AND SWORN to before me this APR 21 2017, affiant exhibiting his/her validly issued government ID as indicated above



ATTY. RYSAN C. GUINOCOR

NOTARY PUBLIC

UNTIL DECEMBER 31, 2018

Person Administering Oath

PTR 0195869 - BAYBAY/LEYTE - 1/12/17

IBP 1030924 - TACLOBAN CITY - 12/19/16

MCLE COMP. NO. V-000392 - 12/20/15

ROLL OF ATTORNEYS NO. 57467

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