

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	LATRAS	
FIRST NAME	ORLANDO	NAME EXTENSION (JR., SR.) SR.
MIDDLE NAME	VILLARIASA	
3. DATE OF BIRTH (mm/dd/yyyy)	04-07-1959	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	PATAG, BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.
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 House/Block/Lot No. Street Subdivision/Village PATAG Barangay City/Municipality BAYBAY LEYTE Province
7. HEIGHT (m)	1.55	ZIP CODE 6521
8. WEIGHT (kg)	70	
9. BLOOD TYPE	O	18. PERMANENT ADDRESS House/Block/Lot No. Street Subdivision/Village PATAG Barangay City/Municipality BAYBAY LEYTE Province
10. GSIS ID NO.	ORN# 006-0118-608-9	ZIP CODE 6521
11. PAG-IBIG ID NO.	1700-0028-3600	
12. PHILHEALTH NO.	1300-0085-9025	
13. SSS NO.	N/A	19. TELEPHONE NO. N/A
14. TIN NO.	116-625-113	20. MOBILE NO. N/A
15. AGENCY EMPLOYEE NO.	ASX0045	21. E-MAIL ADDRESS (if any) N/A

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LATRAS	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOSEPHINE	NAME EXTENSION (JR., SR.) N/A	ANALYN T. LATRAS 02-04-1987
MIDDLE NAME	TAGUD		JUNIEL T. LATRAS 12-09-1988
OCCUPATION	HOUSEWIFE		YOLIE T. LATRAS 11-30-1991
EMPLOYER/BUSINESS NAME	N/A		ORLANDO T. LATRAS, JR. 02-18-1998
BUSINESS ADDRESS	PATAG, BAYBAY CITY, LEYTE		JOHN ANTHONY T. LATRAS 11-19-2005
TELEPHONE NO.	N/A		EUGENE T. LATRAS 04-02-2009
24. FATHER'S SURNAME	LATRAS		YONIES T. LATRAS 01-11-2012
FIRST NAME	DIOSDADO	NAME EXTENSION (JR., SR.) N/A	
MIDDLE NAME	PABROQUEZ		
25. MOTHER'S MAIDEN NAME			
SURNAME	VILLARIASA		
FIRST NAME	LEDNILA		
MIDDLE NAME	DELOS SANTOS		

(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	GABAS ELEMENTARY SCHOOL	GRADE 1-6	1966	1971	G-V	N/A	N/A
SECONDARY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	Orlando Latras	DATE	04/24/2017
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[illegible]

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE	On/and to Ltr	DATE	04/24/2017

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION'S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
RESTRAINING CMAU AND LARGE RUMINANTS NOSE STRINGING	N/A	N/A

(Continue on separate sheet if necessary)

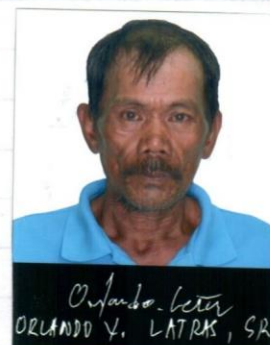
SIGNATURE	<i>St. Vincent</i>	DATE	04/24/2017
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau 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 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 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.
DR. DINAH M. ESPINA	DEPARTMENT OF ANIMAL SCIENCE	09173276763
DR. LOUIE C. BESTIL	DEPARTMENT OF ANIMAL SCIENCE	09177072018

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: SCHOOL ID# 400387

ID/License/Passport No.:

Date/Place of Issuance: 10/12/2017, WYTO

Orlando Y. Latras
Signature (Sign inside the box)
04/24/2017
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this APR 25 2017, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYAN C. GUINOCOR

NOTARY PUBLIC
Person Administering OathPTR 0195859 - PABAY/LEYTE-442447
IBP 4030924 - TACLOBAN CITY-42/19/16
MCLE COMP. NO. V-0000520-07/20/15
ROLL OF ATTORNEYS NO. 57467