

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	ENRIQUEZ														
FIRST NAME	CAMILLE	NAME EXTENSION (JR., SR) N/A													
MIDDLE NAME	RESMA														
3. DATE OF BIRTH (mm/dd/yyyy)	10/06/1995	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:												
4. PLACE OF BIRTH	HINUNDAYAN, 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	<table><tr><td>House/Block/Lot No.</td><td>Street</td></tr><tr><td>PUROK 1</td><td>STA CRUZ</td></tr><tr><td>Subdivision/Village</td><td>Barangay</td></tr><tr><td>BAYBAY</td><td>LEYTE</td></tr><tr><td>City/Municipality</td><td>Province</td></tr><tr><td></td><td>6521</td></tr></table>	House/Block/Lot No.	Street	PUROK 1	STA CRUZ	Subdivision/Village	Barangay	BAYBAY	LEYTE	City/Municipality	Province		6521
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PUROK 1	STA CRUZ														
Subdivision/Village	Barangay														
BAYBAY	LEYTE														
City/Municipality	Province														
	6521														
7. HEIGHT (m)	150														
8. WEIGHT (kg)	49	ZIP CODE													
9. BLOOD TYPE	B	18. PERMANENT ADDRESS	<table><tr><td>House/Block/Lot No.</td><td>Street</td></tr><tr><td>PUROK 1</td><td>STA CRUZ</td></tr><tr><td>Subdivision/Village</td><td>Barangay</td></tr><tr><td>BAYBAY</td><td>LEYTE</td></tr><tr><td>City/Municipality</td><td>Province</td></tr><tr><td></td><td>6521</td></tr></table>	House/Block/Lot No.	Street	PUROK 1	STA CRUZ	Subdivision/Village	Barangay	BAYBAY	LEYTE	City/Municipality	Province		6521
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	6521														
10. GSIS ID NO.	NA														
11. PAG-IBIG ID NO.	121239638394														
12. PHILHEALTH NO.	132503386503	ZIP CODE													
13. SSS NO.	06-4188654-4	19. TELEPHONE NO.	N/A												
14. TIN NO.	742-258-819-000	20. MOBILE NO.	09613296518												
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	camilleenriquez1995@gmail.com												

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BORNEO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	DHAREL	NAME EXTENSION (JR., SR)	KIARA KIRSTEN E. BORNEO	03/29/2023
MIDDLE NAME	FLANDEZ		*****NOTHING FOLLOWS*****	
OCCUPATION	SEAFARER			
EMPLOYER/BUSINESS NAME	STATUS MARITIME CORPORATION			
BUSINESS ADDRESS	SAN MARCELINO ST. MALATE,METRO MANILA			
TELEPHONE NO.	6328241111			
24. FATHER'S SURNAME	ENRIQUEZ			
FIRST NAME	MANUEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GASCON			
25. MOTHER'S MAIDEN NAME	ANTIPALA			
SURNAME	ENRIQUEZ			
FIRST NAME	MARIA FE			
MIDDLE NAME	RESMA		(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		HIGHE ST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	STA. CRUZ, ELEMENTARY SCHOOL	PRIMARY EDUCATION	2002	2008		2008	1ST HONORABLE MENTION
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	HIGHSCHOOL	2008	2012		2012	WITH HIGH HONOR
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	2012	2018		2018	JALECA SCHOLARSHIP GRANT
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/16/2025
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
N/A					

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator(s)	
7. Participants	
8. Objectives	
9. Key Takeaways	
10. Action Items	
11. Feedback	
12. Other Comments	

20	TITLE OF LEARNING AND DEVELOPMENT	INCLUSIVE DATES OF ATTENDANCE	Type of LD	CONDUCTED/CO-CONDUCTED BY
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(Continue on separate sheet if necessary)

	NON ACADEMIC DISTINCTIONS / RECOGNITION	MEMBERSHIP IN ASSOCIATION/ORGANIZATION
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(Continue on separate sheet if necessary)

			01/10/2005
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01/16/2025

34. Are you related by consanguinity or affinity to appointing or recommending authority, or to 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ finished contract from previous work																		
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 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)																			
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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.																			
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SUBSCRIBED AND SWORN to before me this 24 JAN 2025, affiant exhibiting his/her validly issued government ID as indicated above.																			
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CAMILLE R. ENRIQUEZ
PHOTO



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