

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	RAMADA		
FIRST NAME	FELISA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CABAÑAS		
3. DATE OF BIRTH (mm/dd/yyyy)	11/26/1966	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	Atuyan, Saint Bernard, 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 type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	497-E Molave House/Block/Lot No. Street Subdivision/Village Kamputhaw Cebu Cebu City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	6000
8. WEIGHT (kg)	60		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street Atuyan Atuyan Subdivision/Village Barangay Saint Bernard Leyte City/Municipality Province
10. GSIS ID NO.	NA	ZIP CODE	6616
11. PAG-IBIG ID NO.	1212-1543-6449		
12. PHILHEALTH NO.	1320-0618-4328		
13. SSS NO.	NA	19. TELEPHONE NO.	NA
14. TIN NO.	337304394	20. MOBILE NO.	09058744986
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	NA

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	RAMADA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	PROCESO	NAME EXTENSION (JR., SR)	ALMOJEL CABAÑAS RAMADA	09/09/1997
MIDDLE NAME	SANICO		EMMANUEL CABAÑAS RAMADA	12/23/2002
OCCUPATION	NA		ISAIAS CABAÑAS JR.	7/16/2007
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	CABAÑAS			
FIRST NAME	BENITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME				
25. MOTHER'S MAIDEN NAME	VICTORIA FLORES MAÑAGO			
SURNAME	CABAÑAS			
FIRST NAME	VICTORIA			
MIDDLE NAME	MAÑAGO			

(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	KABAGAWAN ELEMENTARY SCHOOL	PRIMARY SCHOOL	1977	1983		1983	NA
SECONDARY	NA	NA					
VOCATIONAL / TRADE COURSE	NA	NA					
COLLEGE	NA	NA					
GRADUATE STUDIES	NA	NA					

(Continue on separate sheet if necessary)

SIGNATURE	<i>FRamoda</i>	DATE	August 16, 2023
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>Flamada</i>	DATE	August 16, 2023
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DATE _____

August 16, 2023

[illegible]

(Continue on separate sheet if necessary)

(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)

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	NA		NA		NA

(Continue on separate sheet if necessary)

Freemada

August 16, 2023

WORK EXPERIENCE SHEET

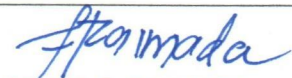
Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word *Present*, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration:
- Position:
- Name of Office/Unit:
- Immediate Supervisor:
- Name of Agency/Organization and Location:
 - List of Accomplishments and Contributions (if any)

- Summary of Actual Duties

NOTE: Please see attachment



FELISA C. RAMADA

(Signature over Printed Name
of Employee/Applicant)

Date: _____