

## 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	AURE		
FIRST NAME	CALEXTRO		NAME EXTENSION (JR., SR)
MIDDLE NAME	OLLAVE		
3. DATE OF BIRTH (mm/dd/yyyy)	05-02-1958	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	RAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
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
7. HEIGHT (m)	5' 8"		Subdivision/Village City/Municipality
8. WEIGHT (kg)	90 kgs.	ZIP CODE	6521
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	House/Block/Lot No. Street
10. GSIS ID NO.	3899836		Subdivision/Village City/Municipality
11. PAG-IBIG ID NO.	1700-0028-0403	ZIP CODE	6521
12. PHILHEALTH NO.	13-050008336-1	19. TELEPHONE NO.	563-1328
13. SSS NO.	03-4956103-5	20. MOBILE NO.	0917-534-4570
14. TIN NO.	915-326-533	21. E-MAIL ADDRESS (if any)	calextroaure@yahoo.com
15. AGENCY EMPLOYEE NO.	V-00054		

## II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	NAPOLES		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	IMELDA	NAME EXTENSION (JR., SR)	NEKKI ME NAPOLES AURE	12-03-1990
MIDDLE NAME	MARGUERIT	N/A	NOREEN KAYE NAPOLES AURE	12-21-1993
OCCUPATION	TEACHING			
EMPLOYER/BUSINESS NAME	DEPED/GABAS INTEGRATED SCHOOL			
BUSINESS ADDRESS	BRGY GABAS, RAYBAY CITY, LEYTE			
TELEPHONE NO.	563-1995			
24. FATHER'S SURNAME	AURE			
FIRST NAME	JUAN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SANCHEZ	N/A		
25. MOTHER'S MAIDEN NAME	OLLAVE			
SURNAME	AURE			
FIRST NAME	MELANIA			
MIDDLE NAME	SILAO			

(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 COMMUNITY SCHOOL	PRIMARY EDUCATION	1967	1971	GRADUATED	1971	N/A
SECONDARY	VISAYAS STATE COLLEGE OF AGRICULTURE	HIGH SCHOOL	1971	1976	GRADUATED	1976	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)

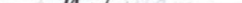
SIGNATURE		DATE	04/25/2017
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**V. WORK EXPERIENCE**  
*(Include private employment. Start from your recent work. Description of duties should be indicated in the attached Work Experience sheet)*

[illegible]

SIGNATURE		DATE	04/25/2017
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TRAINING PROGRAMS ATTENDED	
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(Continue on separate sheet if necessary)

ALL OTHER INFORMATION

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(Continue on separate sheet if necessary)

**SIGNATURE**

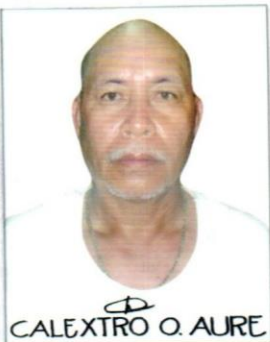
DATE \_\_\_\_\_

04 / 25 / 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)?	<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:

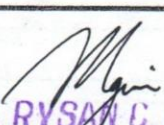
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
HUMBERTO R. MONTES, JR	VISCA, VSU, DAYDAY, LEYTE	
VICTOR ASIO	VISCA, VSU, DAYDAY, LEYTE	
MARLITO JOSE M. BANDE	VISCA, VSU, DAYDAY, LEYTE	



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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: <u>DRIVER'S LICENSE</u> ID/License/Passport No.: <u>N06-82-014576</u> Date/Place of Issuance: <u>04/29/2014 / DAYDAY CITY, LEYTE</u>	<div> Signature (Sign inside the box)</div> <div> Date Accomplished</div>	<div> Right Thumbmark</div>
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SUBSCRIBED AND SWORN to before me this APR 26 2017, affiant exhibiting his/her validly issued government ID as indicated above.

  
**ATTY. RYSA C. GUINDOR**  
NOTARY PUBLIC  
Person Administering Oath  
UNTIL DECEMBER 31, 2017  
PTR 0195869 - DAYDAY, LEYTE 11/21/17  
IBP 4030924 - TAGLOBAN CITY - 12/19/16  
MCLE COMP. NO. V-00000000 - 07/20/15  
ROLL OF ATTORNEYS NO. 2146

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