

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	ROSELLO		
FIRST NAME	MIKKO ZILLAH	NAME EXTENSION (JR., SR)	
MIDDLE NAME	DELA CORTA		
3. DATE OF BIRTH (mm/dd/yyyy)	04/04/1993	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" 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	TANDANG SORA ST. EXT.
7. HEIGHT (m)	1.5	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	60		Subdivision/Village Barangay
9. BLOOD TYPE	A		BAYBAY CITY LEYTE
10. GSIS ID NO.	NONE		City/Municipality Province
11. PAG-IBIG ID NO.	1211-2417-6408	18. PERMANENT ADDRESS	PROPER
12. PHILHEALTH NO.	03-051200349-0	ZIP CODE	House/Block/Lot No. Street
13. SSS NO.	06-3554032-0		Subdivision/Village Barangay
14. TIN NO.	475-765-421		ORMOC CITY
15. AGENCY EMPLOYEE NO.			City/Municipality Province
		19. TELEPHONE NO.	(053) 520-8040
		20. MOBILE NO.	09950827269/09502504449
		21. E-MAIL ADDRESS (if any)	delacortamikkozillah@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ROSELLO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JETHRO ANTHONY	NAME EXTENSION (JR., SR)	JETH ANDRO DELA CORTA ROSELLO	04/04.2016
MIDDLE NAME	SOMBRIO			
OCCUPATION	PUBLIC TEACHER			
EMPLOYER/BUSINESS NAME	BAYBAY CITY DIVISION			
BUSINESS ADDRESS	BAYBAY CITY LEYTE			
TELEPHONE NO.	053- 335 3705			
24. FATHER'S SURNAME	UNKNOWN			
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
25. MOTHER'S MAIDEN NAME	DELA CORTA			
SURNAME	DELA CORTA			
FIRST NAME	MARIA EMMA			
MIDDLE NAME	SOLIJON		(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	CURVA ELEMENTARY SCHOOL	ELEMENTARY GRADUATE	06/06/1999	03/31/2005	GRADUATED	2005	NONE
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	HIGH SCHOOL GRADUATE	06/05/2005	03/31/2009	GRADUATED	2009	NONE
VOCATIONAL / TRADE COURSE							
COLLEGE	MANDAUE CITY COLLEGE	BACHELOR OF ARTS IN ENGLISH	06/21/2014	04/18/2018	GRADUATED	2018	NONE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 4, 2021
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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		DATE	04/06/2021
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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		
	Philippine National Red Cross - Ormoc City	08/21/2008	04/04/2009		Red Cross Youth Volunteer
	Pag-asa Youth Association of the Philippines - Ormoc City	06/07/2009	06/07/2010		Volunteer
	Civic Welfare Training Service	06/09/2010	03/31/2011		Trainee

**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)




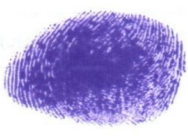
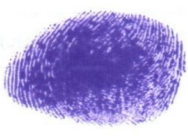
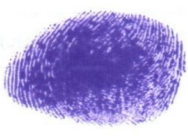
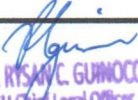
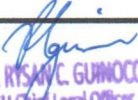
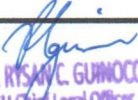
[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON ACADEMEIC DISTINCTIONS/RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Basic Computer and Microsoft Operation	None	None
Reading	None	Young Readers Club- Ormoc
Cooking	None	None
Content writing	None	None

SIGNATURE		DATE	June 4, 2011
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34. Are you related by consanguinity or affinity to the 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 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 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)																	
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL NO.</th></tr></thead><tbody><tr><td>Genis S. Murallos</td><td>Maasin City Southern Leyte</td><td>9955485839</td></tr><tr><td>Joan C. Rapada</td><td>Baybay City, Leyte</td><td>9171455951</td></tr><tr><td>Jasher Anthony S. Rosello</td><td>Baybay City, Leyte</td><td>9754215605</td></tr></tbody></table>		NAME	ADDRESS	TEL NO.	Genis S. Murallos	Maasin City Southern Leyte	9955485839	Joan C. Rapada	Baybay City, Leyte	9171455951	Jasher Anthony S. Rosello	Baybay City, Leyte	9754215605				
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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 <u>04 NOV 2021</u> , affiant exhibiting his/her validly issued government ID as indicated above.																	
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