

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	ELORCHA		
FIRST NAME	ALEX	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	OLMOLEUEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	01-11-1963	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	TUNDIA, Cebu	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Philippines
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	UN CAMPUS UNCA BAYBAY CITY House/Block/Lot No. Street Zone 6 Subdivision/Village Barangay City/Municipality LEYTE Province
7. HEIGHT (m)	5'10"	ZIP CODE	UN 71 A
8. WEIGHT (kg)	71 kg	18. PERMANENT ADDRESS	BRGY CENTRAL LEYTE House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
9. BLOOD TYPE	B <sup>+</sup>	ZIP CODE	6701
10. GSIS ID NO.	03856158	19. TELEPHONE NO.	NA
11. PAG-IBIG ID NO.	17700-0078-3623	20. MOBILE NO.	09676457433
12. PHILHEALTH NO.	130000367738	21. E-MAIL ADDRESS (if any)	alexelorcha@yahoo.com
13. SSS NO.	04-3000354-5		
14. TIN NO.	116-624-218		
15. AGENCY EMPLOYEE NO.	U00189		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ELORCHA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	FE	NAME EXTENSION (JR., SR)	JOSEPH ANTHONY D. ELORCHA	03-20-2005
MIDDLE NAME	PINOTE		IRISH TATIMA D. ELORCHA	03-29-2006
OCCUPATION	HOUSEKEEPER		GLORIA MARIE D. ELORCHA	11-04-2009
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	ELORCHA			
FIRST NAME	TERDUL D	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MARTINEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	OLMOLEUEZ			
FIRST NAME	LYOTA			
MIDDLE NAME	LEORIT			

(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	TUNDIA CENTRAL ELEMENTARY SCHOOL	ELEMENTARY	1969	1975	NA	1975	NA
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL (UNCA)	HIGH SCHOOL	1975	1979	NA	1979	NA
VOCATIONAL / TRADE COURSE	N/A	N/A	NA		NA	NA	
COLLEGE	UNIVERSITY COLLEGE OF ARCHITECTURE OF SCIENCE IN ALCANTARA	ARCHITECTURE OF SCIENCE IN ALCANTARA	1990	1995	GRADUATED	1995	NA
GRADUATE STUDIES	M. A. HUMANITIES (UNCA)	MAJOR			NA	NA	NA

(Continue on separate sheet if necessary)

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[illegible]

## V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

**SIGNATURE**

DATE \_\_\_\_\_

OCT. 15, 2018



V. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	KAROLIKAT CIVICOM (KAROLIKAT CORPORATION)	2004	PRESENT		EMERGENCY RESPONDER
	PHIL. LEADERSHIP INSTITUTE INCORPORATED (KAROLIKAT CORPORATION)	08/16/06	PRESENT		MEMBER / SERVICE

(Continue on separate sheet if necessary)

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)


30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	PERSONNEL UPLIFTING PERSONALITY DEVELOPMENT IN THE NAME OF SERVICE	05/01/17	05/03/17	16 HRS.		WYTE NORMAL UNIVERSITY
	EMERGENCY RESPONSE SKILLS TRAINING (KAROLIKAT OF FIRE)	03/18/16	03/18/16	40 HRS.	SKILLS	
	FIRE PREVENTION SEMINAR AND TRAINING ON WATER SAFETY RESPONSE	03/27/15		8 HRS.	SKILLS	WTE CARPENTER ROOM FUNCTION HALL
	REORIENTATION SEMINAR FOR SECURITY GUARDS	09/04/14		8 HRS.		WTE CARPENTER ROOM FUNCTION HALL
	REORIENTATION SEMINAR FOR SECURITY GUARDS	05/04/11		8 HRS.		OUTPAT CONTINUOUS NORM
	SEMINAR ON PREPARATION OF PERFORMANCE RATING REPORT KAROLIKAT SECURITY GUARDS	09/12/11		8 HRS.		OUTPAT CONFERENCE ROOM

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS AND HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	DRIVING PAINTING TENNIS		NA		KAROLIKAT LEADERSHIP

(Continue on separate sheet if necessary)

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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)?

☐ YES☒ NO

☐ YES☒ 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?

☒ YES☒ NO

If YES, give details:  
None

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details:

☐ YES☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ 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?

☐ YES☒ NO

If YES, please specify:

☐ YES☒ NO

If YES, please specify ID No:


☐ YES☒ NO

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
MR. ALEXANDER AQUILAN	1234 BERMUNDO ST. BANGALANG, CALABUZON	None
MR. BEXTER AQUILAN	1234 BERMUNDO ST. BANGALANG, CALABUZON	None
MRS. REGINA AQUILAN	1234 BERMUNDO ST. BANGALANG, CALABUZON	None

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.



ALEX O. FLORCHA

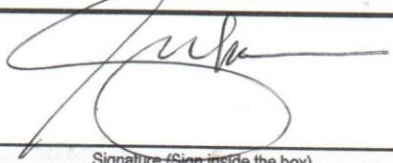
PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: UMID

ID/License/Passport No.: 084-0017-1993-0


Date/Place of Issuance: CALABUZON CITY, CALABUZON



Signature (Sign inside the box)

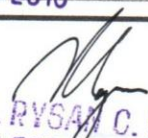
OCT 15, 2018

Date Accomplished



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SUBSCRIBED AND SWORN to before me this OCT 31 2018, affiant exhibiting his/her validly issued government ID as indicated above.

  
ATTY. RYSAN C. GUINOCOR  
VSU LEGAL OFFICER  
Person Administering Oath