

## 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	CABAL		
FIRST NAME	JOHN LOUISE		NAME EXTENSION (JR., SR)
MIDDLE NAME	ROSALES		
3. DATE OF BIRTH (mm/dd/yyyy)	09/22/1998	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	INOPACAN, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	SAN ATONIO Street POBLACION Barangay LEYTE Province
7. HEIGHT (m)	1.56	ZIP CODE	6522
8. WEIGHT (kg)	75	18. PERMANENT ADDRESS	SAN ATONIO Street POBLACION Barangay LEYTE Province
9. BLOOD TYPE		19. TELEPHONE NO.	N/A
10. GSIS ID NO.		20. MOBILE NO.	+639611414733
11. PAG-IBIG ID NO.		21. E-MAIL ADDRESS (if any)	<a href="mailto:jlcabal38@gmail.com">jlcabal38@gmail.com</a>
12. PHILHEALTH NO.			
13. SSS NO.			
14. TIN NO.	771841652000		
15. AGENCY EMPLOYEE NO.	N/A		

## II. FAMILY BACKGROUND

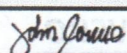
22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CABAL			02/08/1972
FIRST NAME	DOMINIQUE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ABREA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ROSALES			
FIRST NAME	JUDITH			12/21/1969
MIDDLE NAME	CARABALLE			

(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	SCHOL ARSHIP / ACADE MIC 4TH HONOR ABLE MENTIO.
			From	To			
ELEMENTARY	INOPACAN CENTRAL SCHOOL	BASIC EDUCATION (ELEMENTARY)	2005	2011		2011	
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	BASIC EDUCATION (HIGH SCHOOL)	2011	2015		2015	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN CHEMISTRY	2015	2020		2020	DOS T
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 20, 2023
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[illegible]

## V. WORK EXPERIENCE


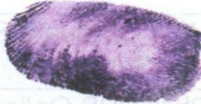
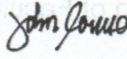
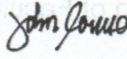
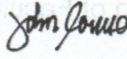
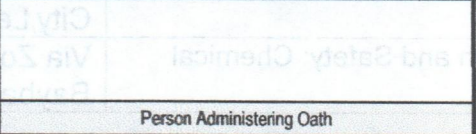
[illegible]

SIGNATURE	<i>John Couino</i>	DATE	February 20, 2023
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<p>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, <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>a. within the third degree? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b. within the fourth degree (for Local Government Unit - <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO)?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b. Have you been criminally charged before any court? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES, give details: _____</p> <p>If YES, give details: Date Filed: _____ Status of Case/s: _____</p>												
<p>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</p> <p style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO fixed term, <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO phased out (abolition) in the public or private sector? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? _____</p> <p>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? _____</p>	<p>If YES, give details: _____</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country? _____</p>	<p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group? _____</p> <p>b. Are you a person with disability? _____</p> <p>c. Are you a solo parent? _____</p>	<p>If YES, please specify: _____</p> <p>If YES, please specify ID No: _____</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>RONALD ARLET P. VILLABER</td> <td>BAYBAY CITY, LEYTE</td> <td>(+1) 234-863-0617</td> </tr> <tr> <td>MARIA ROBELYN A. INSIK</td> <td>BAYBAY CITY, LEYTE</td> <td>9630502057</td> </tr> <tr> <td>JAILENN JANNARAIN S. PURAY</td> <td>ORMOC CITY, LEYTE</td> <td>9124475153</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	RONALD ARLET P. VILLABER	BAYBAY CITY, LEYTE	(+1) 234-863-0617	MARIA ROBELYN A. INSIK	BAYBAY CITY, LEYTE	9630502057	JAILENN JANNARAIN S. PURAY	ORMOC CITY, LEYTE	9124475153
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<p>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.</p>	<div style="text-align: center;">  <p>PHOTO</p> </div> <div style="text-align: center;">  <p>Right Thumbmark</p> </div>												
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February 20, 2023													
Date Accomplished													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;">  <p>Person Administering Oath</p> </div>													