

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	ISRAEL		
FIRST NAME	ANTONIETA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	DIAZ		
3. DATE OF BIRTH (mm/dd/yyyy)	06/13/1969	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	BAYBAY CITY	If holder of dual citizenship, please indicate the details.	Philippines
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	#19 A. MABINI STREET House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	156.5 m	ZIP CODE	6521
8. WEIGHT (kg)	60 kg		
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	#19 A. MABINI STREET House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	69061301224	ZIP CODE	6521
11. PAG-IBIG ID NO.	1210-7546-6112		
12. PHILHEALTH NO.	13-000065403-6		
13. SSS NO.	06-1625485-5	19. TELEPHONE NO.	(053) 563-8507
14. TIN NO.	186-774-847	20. MOBILE NO.	09173041369
15. AGENCY EMPLOYEE NO.	V000615	21. E-MAIL ADDRESS (if any)	jadi_34@yahoo.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ISRAEL		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOHN	NAME EXTENSION (JR., SR)	JOHANN ANGELO D. ISRAEL	05/05/2002
MIDDLE NAME	FLANDEZ			
OCCUPATION	DECEASED			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	DIAZ			
FIRST NAME	AQUILINO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ESCUADRA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CALUNGSOD			
FIRST NAME	CHRISTINA			
MIDDLE NAME	MONTEFOLKA		(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	BAYBAY SOUTH CENTRAL SCHOOL	PRIMARY EDUCATION	1975	1981	N/A	1981	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	1981	1985	N/A	1985	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF SCIENCE IN COMMERCE	1985	1989	N/A	1989	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	6/18/18
-----------	---	------	---------

[illegible]

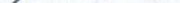
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED


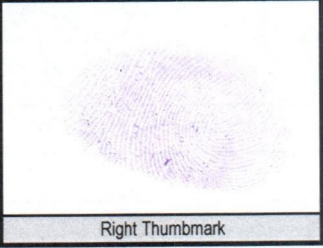
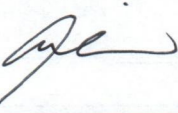
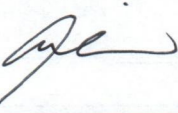
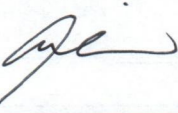
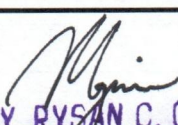
INCLUSIVE DATES OF		TAX ID	
--------------------	--	--------	--

[illegible]

VIII. OTHER INFORMATION

[illegible]

SIGNATURE		DATE	4/18/18
-----------	---	------	---------

<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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><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?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>														
	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>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?</p>	<p><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, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>														
	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: NONE</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: 35%;">NAME</th><th style="width: 35%;">ADDRESS</th><th style="width: 30%;">TEL. NO.</th></tr></thead><tbody><tr><td>DR. JOSE L. BACUSMO</td><td>VSU, ViSCA, Baybay City, Leyte</td><td>-</td></tr><tr><td>DR. MA. JULIET C. CENIZA</td><td>VSU, ViSCA, Baybay City, Leyte</td><td>-</td></tr><tr><td>DR. VICTOR B. ASIO</td><td>VSU, ViSCA, Baybay City, Leyte</td><td>-</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. JOSE L. BACUSMO	VSU, ViSCA, Baybay City, Leyte	-	DR. MA. JULIET C. CENIZA	VSU, ViSCA, Baybay City, Leyte	-	DR. VICTOR B. ASIO	VSU, ViSCA, Baybay City, Leyte	-	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div> <p>PHOTO</p> <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto;"></div> <p>Right Thumbmark</p>	
NAME	ADDRESS	TEL. NO.													
DR. JOSE L. BACUSMO	VSU, ViSCA, Baybay City, Leyte	-													
DR. MA. JULIET C. CENIZA	VSU, ViSCA, Baybay City, Leyte	-													
DR. VICTOR B. ASIO	VSU, ViSCA, Baybay City, Leyte	-													
<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>															
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td></tr><tr><td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>UMID</td></tr><tr><td>ID/License/Passport No.:</td><td>006-0068-8286-0</td></tr><tr><td>Date/Place of Issuance:</td><td>TACLOBAN CITY</td></tr></table>	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.:	006-0068-8286-0	Date/Place of Issuance:	TACLOBAN CITY	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center; height: 80px;"></td></tr><tr><td style="text-align: center;">Signature (Sign inside the box)</td></tr><tr><td style="text-align: center;">6/18/18</td></tr><tr><td style="text-align: center;">Date Accomplished</td></tr></table>		Signature (Sign inside the box)	6/18/18	Date Accomplished
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.:	006-0068-8286-0														
Date/Place of Issuance:	TACLOBAN CITY														
															
Signature (Sign inside the box)															
6/18/18															
Date Accomplished															
<p>SUBSCRIBED AND SWORN to before me this JUN 25 2018, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 250px; margin: 10px auto; padding: 5px;"><p style="text-align: center;"> ATTY. RYSAN C. GUINOCOR Person Administering Oath</p></div>															