

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	DUARTE					
FIRST NAME	ARNULFO	NAME EXTENSION (JR., SR) N/A				
MIDDLE NAME	MACION					
3. DATE OF BIRTH (mm/dd/yyyy)	JAN./07/1980	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship			
4. PLACE OF BIRTH	CABLIHAN MAASIN CITY SO. 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				
7. HEIGHT (m)	1.64		House/Block/Lot No. Street			
8. WEIGHT (kg)	60		CABULIHAN			
9. BLOOD TYPE	B		Subdivision/Village Barangay			
10. GSIS ID NO.	N/A		MAASIN CITY SO. LEYTE			
11. PAG-IBIG ID NO.	N/A		City/Municipality Province			
12. PHILHEALTH NO.	130500594951	ZIP CODE	6600			
13. SSS NO.	3382037222	18. PERMANENT ADDRESS				
14. TIN NO.	424218790		House/Block/Lot No. Street			
15. AGENCY EMPLOYEE NO.			CABULIHAN			
			Subdivision/Village Barangay			
			MAASIN CITY SO. LEYTE			
			City/Municipality Province			
		19. TELEPHONE NO.	N/A			
		20. MOBILE NO.	09276766841			
		21. E-MAIL ADDRESS (if any)	oflunra-duarte@yahoo.com			
II. FAMILY BACKGROUND						
22. SPOUSE'S SURNAME	DUARTE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	HYACINTH	NAME EXTENSION (JR., SR) N/A	N/A	3/17/1985		
MIDDLE NAME	BLANCO		N/A	N/A		
OCCUPATION	N/A					
EMPLOYER/BUSINESS NAME	N/A					
BUSINESS ADDRESS	N/A					
TELEPHONE NO.	N/A					
24. FATHER'S SURNAME	DUARTE			11/1/1947		
FIRST NAME	DOMINADOR	NAME EXTENSION (JR., SR) N/A				
MIDDLE NAME	MANTILLA					
25. MOTHER'S MAIDEN NAME	MACION			7/18/1949		
SURNAME	DUARTE					
FIRST NAME	PRESINA					
MIDDLE NAME	PAMAONG					
(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
ELEMENTARY	CABLIHAN ELEMENTARY SCHOOL		From To			
			1987 1993		1993	
SECONDARY	GUADALUPE NATIONAL HIGH SCHOOL		1993 1997		1997	
VOCATIONAL / TRADE COURSE	N/A	N/A				
COLLEGE	SAINT JOSEPH COLLEGE	B.S. CRIMINOLOGY	1998 2002		2002	
GRADUATE STUDIES	N/A	N/A				
(Continue on separate sheet if necessary)						
SIGNATURE		DATE		November 25, 2019		



[illegible]

**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	November 25, 2019
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[illegible]

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







[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
GUITAR PLAYING	N/A	PROFESSIONAL CRIMINOLOGIST ASSOCIATION OF THE PHILIPPINES
HAIR DESSING		
WELDING		

<b>SIGNATURE</b>		<b>DATE</b>	November 25, 2019
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input 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 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 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)																	
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>NILO L. LEORNA</td><td>VISAYAS STATE UNIVERSITY</td><td>9162798085</td></tr><tr><td>PEDRO O. LESIDAN</td><td>VISAYAS STATE UNIVERSITY</td><td>9352323024</td></tr><tr><td>CLIMACO ESPINA</td><td>VISAYAS STATE UNIVERSITY</td><td>90641000157</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	NILO L. LEORNA	VISAYAS STATE UNIVERSITY	9162798085	PEDRO O. LESIDAN	VISAYAS STATE UNIVERSITY	9352323024	CLIMACO ESPINA	VISAYAS STATE UNIVERSITY	90641000157				
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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 _____, affiant exhibiting his/her validly issued government ID as indicated above.																	
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