

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	ARPOCEPLE		
FIRST NAME	GASPAR	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SANCHEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	8/3/1063	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	CULABA, BILIRAN	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
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	House/Block/Lot No. Street VSU PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	5'6	ZIP CODE	6521-A
8. WEIGHT (kg)	70 KG.	18. PERMANENT ADDRESS	House/Block/Lot No. Street PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	"B"	ZIP CODE	6521
10. GSIS ID NO.	63080302-454	19. TELEPHONE NO.	NONE
11. PAG-IBIG ID NO.	1700-0024-0862	20. MOBILE NO.	09357410809
12. PHILHEALTH NO.	13-000014967-6	21. E-MAIL ADDRESS (if any)	NONE
13. SSS NO.	NONE		
14. TIN NO.	116-622-798		
15. AGENCY EMPLOYEE NO.	V0000564		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ARPOCEPLE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARGARITA	NAME EXTENSION (JR., SR)	GARRY MAR C. ARPOCEPLE	1/19/1987
MIDDLE NAME	CAILING		GLEAN C. ARPOCEPLE	5/22/1988
OCCUPATION	NONE		GLEEVEN C. ARPOCEPLE	3/26/1991
EMPLOYER/BUSINESS NAME	NONE		JESSIE C. ARPOCEPLE	7/24/1994
BUSINESS ADDRESS	NONE		JAYSON C. ARPOCEPLE	7/24/1994
TELEPHONE NO.	NONE		JOEL C. ARPOCEPLE	7/14/2000
24. FATHER'S SURNAME	ARPOCEPLE		JOIE C. ARPOCEPLE	7/14/2000
FIRST NAME	LIBRADO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GALO			
25. MOTHER'S MAIDEN NAME				
SURNAME	SANCHEZ			
FIRST NAME	PASTORA			
MIDDLE NAME	GARMA			
(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 SOUT ELEM. SCHOOL	PRIMARY EDUCATION	1970	1976	UNDER GRAD.	1976	NONE
SECONDARY	DAMULAAN NATIONAL HIGH SCHOOL	NON FORMAL EDUCATION	1995	1998	GRADUATED	1990	NONE
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	N/A	N/A					
GRADUATE STUDIES	NA/	N/A					

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	4/25/2017
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[illegible]

**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

*(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

[illegible]

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*Graph*

4/25/2017



## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC, NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

[illegible]

(Continue on separate sheet if necessary)

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

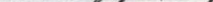
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

[illegible]

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
MASON	N/A	LSU ADMINISTRATIVE PERSONNEL ASSOCIATION
CARPENTER	N/A	
WELDING	N/A	
DAMA	N/A	

(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:  
\_\_\_\_\_

☐ 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.
ENGR. NESTOR M. ISRAEL	BAYBAY CITY, LEYTE	NONE
MRS. LORETA MALABANAN	GUADALUPE, BAYBAY CITY, LEYTE	NONE
DR. NERELITO P. PASCUAL	VSU, BAYBAY CITY, LEYTE	NONE

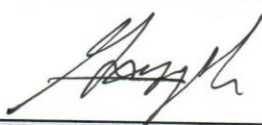
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate 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.

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

Government Issued ID: VSU ID V000564

ID/License/Passport No.: DRIVERS LICENSE H03-93-017952

Date/Place of Issuance: 2013, VSU, BAYBAY CITY, LEYTE



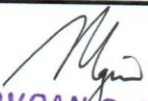
Signature (Sign inside the box)

Date Accomplished

PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this APR 27 2017, affiant exhibiting his/her validly issued government ID as indicated above.



ATTY. RYSAN C. GUINOCOR

Person Administering Oath

NOT A VALID ID  
UNTIL DELETED  
PTR 0-93849-041247-LEYTE-4/12/17  
IBP 1030824-TAILORAN CITY 12/17/16  
MCLE COMP. NO. V-000000-07/20/15  
ROLL OF ATTORNEYS NO. 57467

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