

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	ESTOR		
FIRST NAME	LOVELY MAE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	JABINES		
3. DATE OF BIRTH (mm/dd/yyyy)	11/6/1997	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Philippines
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.51		ZONE 23, 30 DE DICIEMBRE ST.,
8. WEIGHT (kg)	50	ZIP CODE	BAYBAY CITY, LEYTE
9. BLOOD TYPE	O+		6521
10. GSIS ID NO.	2005462306	18. PERMANENT ADDRESS	
11. PAG-IBIG ID NO.	12123492541		ZONE 23, 30 DE DICIEMBRE ST.,
12. PHILHEALTH NO.	132503710009	ZIP CODE	BAYBAY CITY, LEYTE
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	350970027	20. MOBILE NO.	0906-963-6752
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	estorlovelymae@gmail.com

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	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	ESTOR			
FIRST NAME	FRANCISCO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	MARUMAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	JABINES			
FIRST NAME	VIRGINIA			
MIDDLE NAME	GUCELA			

(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 I CENTRAL SCHOOL	PRIMARY EDUCATION	2004	2010		2010	WITH HONORS
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2010	2014		2014	1st HONORABLE
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION major in MATHEMATICS	2014	2018		2018	MAGNA CUM LAUDE
GRADUATE STUDIES	CEBU NORMAL UNIVERSITY	MASTER OF SCIENCE in MATHEMATICS	2019	Present			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/09/2021
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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.

[illegible]

SIGNATURE		DATE		03/09/2021
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(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)
N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/09/2021
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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

☐ YES☒ NO

If YES, give details:

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. RAYMUND IGCASAMA	VISAYAS STATE UNIVERSITY	9985663919
DR. EUSEBIO LINA	VISAYAS STATE UNIVERSITY	9293697060
PROF. MA. RACHEL KIM L. AURE	VISAYAS STATE UNIVERSITY	

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.



LOVELY MAE J. ESTOR

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: PHILHEALTH

ID/License/Passport No.: 132503710009

Date/Place of Issuance: 10/15/2018 Bsybsy City, Leyte

Signature (Sign inside the box)

03/09/2021

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 2-2 MAR-2021, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYAN GUINOCOR

VSU Chief Legal Officer

Person Administering Oath

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