

## PERSONAL DATA SHEET

Print legibly Mark appropriate boxes ☐ with "/" and use separate sheet if necessary

1. CS ID No.

(to be filled y CSC)

## I. PERSONAL INFORMATION

2. SURNAME	M I O I N I T I A I J I E I S I									
FIRST NAME	C I A I R I L O I S I									
MIDDLE NAME	B I A I G I A I R I I N I A I O I									
3. NAME EXTENSION (e.g. Jr. Sr.)										
4. DATE OF BIRTH (mm/dd/yyyy)	05 / 01 / 1967									
5. PLACE OF BIRTH	Brgy. Marcos, Baybay, Leyte									
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female									
7. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____									
8. CITIZENSHIP	Filipino									
9. HEIGHT (m)	15.35 M									
10. WEIGHT (kg)	67 kgs									
11. BLOOD TYPE	B									
12. GSIS ID NO.	CM 3876126									
13. PAG-IBIG ID NO.	080124812904									
14. PHILHEALTH NO.	13-0000 15751-8									
15. SSS NO.										
16. RESIDENTIAL ADDRESS	Brgy. Marcos BAYBAY, CITY, LEYTE									
ZIP CODE	6521-A									
17. TELEPHONE NO.	NA									
18. PERMANENT ADDRESS	Brgy. Marcos Baybay, City, Leyte									
ZIP CODE	6521-A									
19. TELEPHONE NO.										
20. E-MAIL ADDRESS (if any)										
21. CELL PHONE NO. (if any)										
22. AGENCY EMPLOYEE NO.										
23. TIN	140-031-667									

## II. FAMILY BACKGROUND

24. SPOUSES' SURNAME	Bulpa		25. NAME OF CHILDREN (Write full name and list all)	Date of Birth (mm/dd/yyyy)
FIRST NAME	Mirasol		Miraluz Bulpa Montajes	12 / 13 / 1995
MIDDLE NAME	Calipayan		Marlou Bulpa Montajes	02 / 02 / 1997
OCCUPATION	Housekeeper		Mica Rose Bulpa Montajes	03 / 19 / 2001
EMPLOYER/BUS. NAME			Maricel Bulpa Montajes	04 / 29 / 2006
BUSINESS ADDRESS				1 / 1
TELEPHONE NO.				1 / 1
(Continue on separate sheet if necessary)				
26. FATHER'S SURNAME	Montajes			1 / 1
FIRST NAME	Ismael			1 / 1
MIDDLE NAME	Abalora			1 / 1
27. MOTHER'S MAIDEN NAME				1 / 1
SURNAME	Bagarinao			1 / 1
FIRST NAME	Regina			1 / 1
MIDDLE NAME	Saclapus			1 / 1
(Continue on separate sheet if necessary)				

## III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE/ COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP ACADEMIC/ HONORS RECEIVED
					From	To	
ELEMENTARY	San Agustin School	Elem. Graded	1980	Graduate	1975	1981	NA
SECONDARY	Bunga National High School	2nd year High School	NA	NA	1981	1984	NA
VOCATIONAL/ TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)



## IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

**V. WORK EXPERIENCE** (Include private employment. Start from your current work)

[illegible]

(Continue on separate sheet if necessary)



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

31. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION/ NATURE OF WORK
	From	To		
NA	/ /	/ /		
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(Continue on separate sheet if necessary)

# VII. TRAINING PROGRAMS (Start from the most recent training)

32. TITLE OF SEMINAR/CONFERENCE WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		
Gibrosen - Fire Safety Products	01 /12/ 2007	/ /		FRANK T. GINETE
Certificate of Tree Planting	11 /28/ 1992	/ /		PACIENCIA P. MILAN
Certificate of Participation	03 /18/ 2010	/ /		JOSE L. BACUSMO
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(Continue on separate sheet if necessary)

# VIII. OTHER INFORMATION

33. SPECIAL SKILLS/HOBBIES:	34. NON-ACADEMIC DISTINCTIONS/ RECOGNITION (Write in full)	35. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Farmers		

(Continue on separate sheet if necessary)



36. Are you related by consanguinity or affinity to any of the following:

a. Within the third degree  
(for NATIONAL GOVERNMENT Employees):  
appointing authority, recommending authority, chief  
of office/bureau/department or person who has  
immediate supervision over you in the Office,  
Bureau or Department where you will be appointed?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

b. Within the fourth degree  
(for LOCAL GOVERNMENT Employees): appointing authority  
or recommending authority where you are appointed?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

37. a. Have you ever been formally charged?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

b. Have you ever been guilty of any administrative offense?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

38. 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: \_\_\_\_\_

39. 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, AWOL or phased out, in the  
public or private sector?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

40. Have you ever been a candidate in a  
national or local election (except Barangay election)?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

41. Pursuant to: (a) Indigenous People's Act (RA 8371);  
(b) Magna Carta for Disabled Persons (RA 7277); and  
© Solo Parents Welfare Act of 2000 (RA 8972), please  
answer the following items:

a. Are you a member of any indigenous group?

☐ YES ☒ NO  
If YES, pls. specify: \_\_\_\_\_

b. Are you differently abled?

☐ YES ☒ NO  
If YES, pls. specify: \_\_\_\_\_

c. Are you a solo parent?

☐ YES ☒ NO  
If YES, pls. specify: \_\_\_\_\_

42. REFERENCES (Person not related by consanguinity or affinity to applicant/ appointee)

NAME	ADDRESS	TEL. NO.
Dr. OSCAR B. POSAS	Brgy. Marcos, Baybay, City, Leyte	
Dr. GREGORIO J. GALINATO Jr.	Brgy. Guadalupe, Baybay, City, Leyte	

43. I declare under oath that this Personnel Data Sheet has been accomplished by me, and is  
a true, correct and complete statement pursuant to the provisions of pertinent laws,  
rules and regulations of the Republic of the Philippines

I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein.  
I trust that this information shall remain confidential.



07491212  
COMMUNITY TAX CERTIFICATE NO.

Baybay, City, Leyte  
ISSUED AT

02 / 17 / 11  
ISSUED ON (mm/dd/yy)

*[Signature]*  
SIGNATURE (Sign inside the box)

12, 02, 2011  
DATE ACCOMPLISHED



RIGHT THUMBMARK