

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	POLIQUIT		
FIRST NAME	MARIA ARIES	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ORTEGA		
3. DATE OF BIRTH (mm/dd/yyyy)	12/4/1982	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	PARAÑAQUE CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street PUROK 2 BRGY. STA. CRUZ Subdivision/Village Barangay BAYBAY LEYTE LEYTE City/Municipality Province
7. HEIGHT (m)	1.52		
8. WEIGHT (kg)	54	ZIP CODE	6521
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	House/Block/Lot No. Street PUROK 2 BRGY. STA. CRUZ Subdivision/Village Barangay BAYBAY LEYTE LEYTE City/Municipality Province
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	1210-4131-2763		
12. PHILHEALTH NO.	01-025365423-1	ZIP CODE	6521
13. SSS NO.	06-3563085-8	19. TELEPHONE NO.	
14. TIN NO.	229-084-697-000	20. MOBILE NO.	09156505743
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	ortega_mariaaries@yahoo.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	POLIQUIT		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOSE	NAME EXTENSION (JR., SR)	KAYE ANGELINE O. POLIQUIT	8/7/2005
MIDDLE NAME	ORACION			
OCCUPATION	SELF EMPLOYED			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ORTEGA			
FIRST NAME	BENITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CANO			
25. MOTHER'S MAIDEN NAME				
SURNAME	AVELLANA			
FIRST NAME	LOLITA			
MIDDLE NAME	DELANTAR			

(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	LYCEE D' REGIS MARIE	ELEMENTARY	1990	1996		1996	Graduate With Distinction
SECONDARY	PARAÑAQUE SCIENCE HIGH SCHOOL	SECONDARY	1996	1999		1999	
VOCATIONAL / TRADE COURSE							
COLLEGE	ADAMSON UNIVERSITY	BS IN ACCOUNTANCY	2007	2011		2011	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MM - BUSINESS MANAGEMENT	2017	Present	On-going		

SIGNATURE		DATE
		8/17/2024

(Continue on separate sheet if necessary)




CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (If applicable)	
				NUMBER	Date of Validity
CAREER SERVICE EXAMINATION (Subprofessional)	87.32%	10/17/2004	Manila		
CAREER SERVICE EXAMINATION (Professional)	82.75%	04/13/2013	Quezon City		

## 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	8/17/2020
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8/17/2020







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:  
When I ended my Contract of Service with BFAR \_\_\_\_\_

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.
LINA F. ZULUETA, CPA	BFAR-CENTRAL OFFICE	0998-435-9273
LORELEI S. DATU, CPA	COA - GAS	0942-018-0786
JAY CABREA, CPA	BURAUEN COMMUNITY COLLEGE	0995-486-9251

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: PHILHEALTH

ID/License/Passport No.: 01-025365423-1

Date/Place of Issuance: 05/06/2014

Signature (Sign inside the box)  
8/17/2020

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 17 SEP 2020, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSA M. C. GUINOCOR  
VS. LEGAL OFFICER  
Person Administering Oath

CS FORM 212 (Revised 2017), Page 4 of 4