

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	GERALDO		
FIRST NAME	MONA NENA		NAME EXTENSION (JR., SR) NONE
MIDDLE NAME	BESTUDIO		
3. DATE OF BIRTH (mm/dd/yyyy)	04/11/1986	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	BAYBAY, LEYTE	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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	206 M. L. QUEZON House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.51 m	ZIP CODE	6521
8. WEIGHT (kg)	60kg	18. PERMANENT ADDRESS	206 M. L. QUEZON House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	6521
10. GSIS ID NO.	NONE	19. TELEPHONE NO.	NONE
11. PAG-IBIG ID NO.	1211-7591-5190	20. MOBILE NO.	0935-946-8586
12. PHILHEALTH NO.	13-025323588-9	21. E-MAIL ADDRESS (if any)	monanena.geraldo@vsu.edu.ph
13. SSS NO.	34-1533412-2		
14. TIN NO.	334-723-256		
15. AGENCY EMPLOYEE NO.	NONE		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GERALDO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ARIAN WEN	NAME EXTENSION (JR., SR) NONE	ATHENA CHARLOTTE B. GERALDO	21/03/2004
MIDDLE NAME	RESANO			
OCCUPATION	MACHINE OPERATOR			
EMPLOYER/BUSINESS NAME	HIWIN CORP.			
BUSINESS ADDRESS	TAICHUNG, TAIWAN			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	BESTUDIO			
FIRST NAME	MARFELITO	NAME EXTENSION (JR., SR) NONE		
MIDDLE NAME	AUTIDA			
25. MOTHER'S MAIDEN NAME	NENA CABALLES CALA			
SURNAME	BESTUDIO			
FIRST NAME	NENA			
MIDDLE NAME	CALA			

(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 SOUTH CENTRAL SCHOOL	PRIMARY	1993	1999	GRADUATED	1999	NONE
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	1999	2003	GRADUATED	2003	NONE
VOCATIONAL / TRADE COURSE	NONE						
COLLEGE	VISAYAS STATE UNIVERSITY	BS in AGRIBUSINESS	2011	2015	GRADUATED	2015	NONE
GRADUATE STUDIES	NONE						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	9/3/2020
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IV. CIVIL SERVICE ELIGIBILITY


[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	9/5/2020
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>Resignation due to transfer of work</u>												
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 checked="" 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 checked="" 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><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>MYRNA S. PANCITO</td><td>Budget Office</td><td>1009</td></tr><tr><td>LOUELLA C. AMPAC</td><td>ODF</td><td>1061</td></tr><tr><td> </td><td> </td><td> </td></tr></table>		NAME	ADDRESS	TEL. NO.	MYRNA S. PANCITO	Budget Office	1009	LOUELLA C. AMPAC	ODF	1061			
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LOUELLA C. AMPAC	ODF	1061											
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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: Drivers License</td></tr><tr><td>ID/License/Passport No.: 047245444</td></tr><tr><td>Date/Place of Issuance: LTO,BAYBAY CITY,LEYTE</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: Drivers License	ID/License/Passport No.: 047245444	Date/Place of Issuance: LTO,BAYBAY CITY,LEYTE	<table><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table>	Signature (Sign inside the box)	Date Accomplished						
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SUBSCRIBED AND SWORN to before me this <u>10 SEP 2020</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>ATTY. RYAN C. GUINOCOR SOLICITOR Person Administering Oath</td></tr></table>		ATTY. RYAN C. GUINOCOR SOLICITOR Person Administering Oath											
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PHOTO



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