

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.

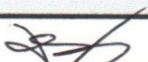
READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ( ☐ ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION			
2. SURNAME	DUARTE		
FIRST NAME	ARNULFO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	MACION		
3. DATE OF BIRTH (mm/dd/yyyy)	JAN /07/1980	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	CABLIHAN MAASIN CITY SO. LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		P/s. indicate country:
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.64	House/Block/Lot No.	Street
8. WEIGHT (kg)	60	Subdivision/Village	CABULIHAN
9. BLOOD TYPE	B	MAASIN CITY	Barangay
10. GSIS ID NO.	N/A	City/Municipality	SO. LEYTE
11. PAG-IBIG ID NO.	N/A		Province
12. PHILHEALTH NO.	130500594951	ZIP CODE	6600
13. SSS NO.	3382037222	18. PERMANENT ADDRESS	
14. TIN NO.	424218790	House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.		Subdivision/Village	CABULIHAN
		MAASIN CITY	Barangay
		City/Municipality	SO. LEYTE
			Province
		ZIP CODE	6600
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09276766841
		21. E-MAIL ADDRESS (if any)	oflunra-duarte@yahoo.com

II. FAMILY BACKGROUND				
22. SPOUSE'S SURNAME	DUARTE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	HYACINTH	NAME EXTENSION (JR., SR) N/A	N/A	3/17/1985
MIDDLE NAME	BLANCO		N/A	N/A
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	DUARTE			11/1/1947
FIRST NAME	DOMINADOR	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	MANTILLA			
25. MOTHER'S MAIDEN NAME	MACION			7/18/1949
SURNAME	DUARTE			
FIRST NAME	PRESINA			
MIDDLE NAME	PAMAONG			
(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	CABLIHAN ELEMENTARY SCHOOL		1987	1993		1993	
SECONDARY	GUADALUPE NATIONAL HIGH SCHOOL		1993	1997		1997	
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	SAINT JOSEPH COLLEGE	B.S. CRIMINOLOGY	1998	2002		2002	
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	September 28, 2018



[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]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	Sept. 28, 2018



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

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)





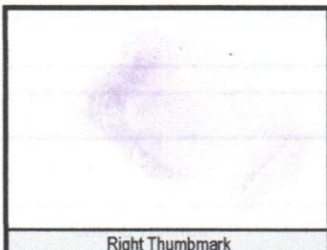

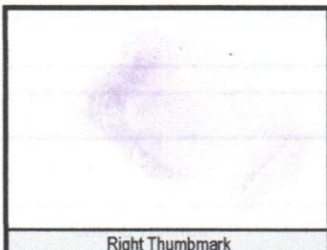

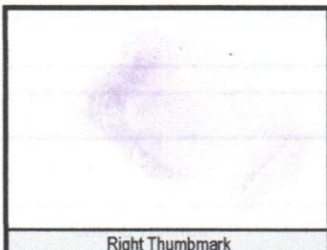



## VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
GUJARATI PLAYING	N/A	PROFESSIONAL CRIMINOLOGIST ASSOCIATION OF THE PHILIPPINES
HAIR DESSING		
WELDING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Sept. 28, 2018
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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 type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input 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 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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>NILO L. LEORNA</td><td>VISAYAS STATE UNIVERSITY</td><td>9162798085</td></tr><tr><td>PEDRO O. LESIDAN</td><td>VISAYAS STATE UNIVERSITY</td><td>9352323024</td></tr><tr><td>CLIMACO ESPINA</td><td>VISAYAS STATE UNIVERSITY</td><td>90641000157</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	NILO L. LEORNA	VISAYAS STATE UNIVERSITY	9162798085	PEDRO O. LESIDAN	VISAYAS STATE UNIVERSITY	9352323024	CLIMACO ESPINA	VISAYAS STATE UNIVERSITY	90641000157
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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: H12-13-002128</td></tr><tr><td>ID/License/Passport No.:</td></tr><tr><td>Date/Place of Issuance: FEB. 3,2017 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: H12-13-002128	ID/License/Passport No.:	Date/Place of Issuance: FEB. 3,2017 BAYBAY CITY LEYTE	<table><tr><td> ARNULFO M. DUARTE</td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Sept. 28,2018</td></tr><tr><td>Date Accomplished</td></tr></table>	 ARNULFO M. DUARTE	Signature (Sign inside the box)	Sept. 28,2018	Date Accomplished				
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SUBSCRIBED AND SWORN to before me this <u>OCT 02 2018</u> , affiant exhibiting his/her validly issued government ID as indicated above.														
<table><tr><td> ATTY. RYSAN J. GUINOCOR SOL LEGAL OFFICE Person Administering Oath</td></tr></table>			 ATTY. RYSAN J. GUINOCOR SOL LEGAL OFFICE Person Administering Oath											
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