

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	ADRIGUEZ			
FIRST NAME	RUEL VIRGIL	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	MINGO			
3. DATE OF BIRTH (mm/dd/yyyy)	8/16/1983	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	ROMBLON, ROMBLON		Philippines	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
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	N/A N/A House/Block/Lot No. Street N/A SAWANG Subdivision/Village Barangay ROMBLON ROMBLON City/Municipality Province 5500	
7. HEIGHT (m)	1.62	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A AGPANABAT Subdivision/Village Barangay ROMBLON ROMBLON City/Municipality Province 5500	
8. WEIGHT (kg)	68		ZIP CODE	
9. BLOOD TYPE	B+		19. TELEPHONE NO.	N/A
10. GSIS ID NO.	LP83081600042			20. MOBILE NO.
11. PAG-IBIG ID NO.	1940-0004-9303	21. E-MAIL ADDRESS (if any)		rueladriquez@gmail.com
12. PHILHEALTH NO.	09-000079203-8			
13. SSS NO.	N/A			
14. TIN NO.	237-135-732			
15. AGENCY EMPLOYEE NO.	01-266			

II. FAMILY BACKGROUND

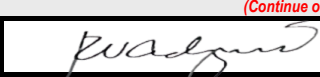
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	REGOLITO		N/A	N/A
FIRST NAME	ADRIGUEZ	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	MADAMO		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	VIRGINIA		N/A	N/A
FIRST NAME	MINGO		N/A	N/A
MIDDLE NAME	MAABA		(Continue on separate sheet if necessary)	



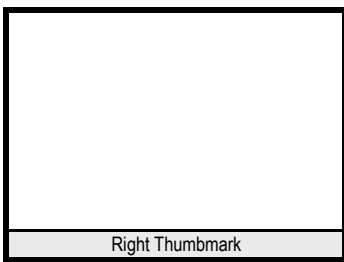
III. EDUCATIONAL BACKGROUND

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	Agpanabat Elementary School	Primary Education	1990	1996	Graduated	1996	1st Hon. Mention
SECONDARY	Agnipa National High School	High School	1996	2000	Graduated	2000	Valedictorian
VOCATIONAL / TRADE COURSE	Montfort Academy Inc.	Computer Systems Servicing	2014	2015	Graduated	2015	N/A
COLLEGE	Adamson University	Bachelor of Science in Psychology	2000	2004	Graduated	2004	Magna Cum Laude
GRADUATE STUDIES	Romblon State University-Main Lyceum of the Philippines University	Master in Educational Management Doctor of Philosophy in Psychology	2006 2016	2011 2018	Graduated	2011 2019	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	November 29, 2024
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	Boy Scout of the Philippines	06/01/2007	08/03/2019	3000 hrs	Adult Leader / Outfit Adviser / Commissioner on Advancement	
	Kabataan Lingap sa Kalikasan (KABALIKAT)	04/01/2003	05/01/2010	500 hrs	President	
	Agnipa Youth Movement	06/01/2005	06/01/2015	1000 hrs	Member / Treasurer / Consultant	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Forum and webinar on GAD laws, policies, international commitments and other issuances	12/1/2022	12/1/2022	4.0	Technical	DBM MIMAROPA
	Mental status examination administration and writing	1/29/2022	1/29/2022	4.0	Technical	PUP Graduate School
	Sailing Along: Facilitating psychotherapy through online platforms	9/18/2021	9/18/2021	4.0	Technical	PUP Graduate School
	Red flags: suicide and depression	5/12/2021	5/12/2021	4.0	Technical	Samar State University
	Mental health law matters	5/10/2021	5/10/2021	4.0	Technical	PUP Graduate School
	Homeroom guidance, Career Guidance, and Mental Health Programs in Schools: Introduction to Conducting and Designing	4/30/2021	4/30/2021	4.0	Technical	Rex Academy
	Finding happiness in the midst of the pandemic	4/29/2021	4/29/2021	4.0	Technical	DOST MIMAROPA
	Cybersecurity and PNPKI	3/31/2022	3/31/2022	8.0	Technical	Department of Information, Comm., Technology
	Changing times: the Philippines workplace amidst the covid19 pandemic	3/7/2021	3/7/2021	4.0	Technical	PUP Graduate School
	Davao Region HEIs flexible learning webinar series on modular approach to teaching general education courses	8/3/2020	8/3/2020	4.0	Technical	CHED Regional Office XI
(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)		
	Driving	2023 RSU Gawad Parangal - Best Campus Director		DepED Guidance Counselors Association of the Philippines		
	Cooking	Boy Scouts of the Philippines Osa Medal Awardee		Boy Scouts of the Philippines - Romblon Chapter		
	Reading	2014 Most Outstanding Alumnus of Agnipa NHS		Career Advocates of MIMAROPA Region		
		2013 Most Outstanding Alumnus of Agnipa NHS				
		2011-2018 Best Employee of Agnipa NHS				
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	November 29, 2024	

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)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: Resignation from Angelicum College</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>ROSEMARIE M. MANGARING</td><td>AGNAY, ROMBLON, ROMBLON</td><td>0939-2053339</td></tr><tr><td>NOEL JOSEPH M. MACHON</td><td>LIBERTAD, ODIONGAN, ROMBLON</td><td>0999-5081588</td></tr><tr><td>GIL T. MARCO</td><td>SAWANG, ROMBLON, ROMBLON</td><td>0949-3686256</td></tr></table>		NAME	ADDRESS	TEL. NO.	ROSEMARIE M. MANGARING	AGNAY, ROMBLON, ROMBLON	0939-2053339	NOEL JOSEPH M. MACHON	LIBERTAD, ODIONGAN, ROMBLON	0999-5081588	GIL T. MARCO	SAWANG, ROMBLON, ROMBLON	0949-3686256
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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.													
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: Driver's License</div> <div>ID/License/Passport No.: 093997443</div> <div>Date/Place of Issuance: 02/14/2019, Odiongan, Romblon</div>	<div><div></div><div>Signature (Sign inside the box)</div><div>_____</div><div>Date Accomplished</div><div>_____</div></div> <div><div></div><div>PHOTO</div><div><div></div><div>Right Thumbmark</div></div></div>												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div></div> <div>Person Administering Oath</div>													