

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	SENIN				
FIRST NAME	SHEILA MARIE			NAME EXTENSION(JR, SR) N/A	
MIDDLE NAME	TAPALES				
3. DATE OF BIRTH (mm/dd/yyyy)	09/17/1999	16. CITIZENSHIP		[X] Filipino [] Dual Citizenship [] by birth [] by naturalization	
4. PLACE OF BIRTH	DAGUPAN CITY	if holder of dual citizenship		Pls. indicate country:	
5. SEX	[] Male [X] Female	Pls. indicate the details		N/A	
6. CIVIL STATUS	[X] Single [] Married [] Widowed [] Separated [] Other/s: N/A	17. RESIDENTIAL ADDRESS	40 ROLLING RD House/Block/Lot No. Street		
7. HEIGHT (m)	1.52	Zip Code	N/A OBRERO Subdivision/Village Barangay		
8. WEIGHT (kg)	65		QUEZON CITY NCR City/Municipality Province		
9. BLOOD TYPE	Unknown		1103		
10. GSIS ID NO.	N/A	18. PERMANENT ADDRESS	N/A ERFE ST House/Block/Lot No. Street		
11. PAGIBIG ID NO.	N/A	ZIP CODE	N/A POBLACION Subdivision/Village Barangay		
12. PHILHEALTH NO.	03-250982240-8		SAN FABIAN PANGASINAN City/Municipality Province		
13. SSS NO.	34-7861353-4		2433		
14. TIN NO.	635-161-91-0000	19. TELEPHONE NO.	N/A		
15. AGENCY EMPLOYEE NO.	10122	20. MOBILE NO.	09934713517		
		21. E-MAIL ADDRESS (if any)	stsenin@dilg.gov.ph		

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	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYERS/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER 'S SURNAME.	SENIN			
FIRST NAME	RODELIO	NAME EXTENSION (JR.,SR) N/A		
MIDDLE NAME	DELA PEÑA			
24. MOTHER'S MAIDEN NAME.	MARITES ETABLE TAPALES			
SURNAME	SENIN			
FIRST NAME	MARITES			
MIDDLE NAME	TAPALES		(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	KAMUNING ELEMENTARY SCHOOL	N/A	2006	2012	N/A	2012	N/A
SECONDARY	SAN FABIAN NATIONAL HIGH SCHOOL	SENIOR HIGH SCHOOL - SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM)	2012	2018	N/A	2018	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	DON MARIANO MARCOS MEMORIAL STATE UNIVERSITY - SOUTH LA UNION CAMPUS	Bachelor of Science in Computer Science (BSCS)	2018	2023	N/A	2023	CHED-TDP GRANTEE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME AND ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial / Supervisory / Technical / etc.)	CONDUCTED / SPONSORED BY (Write in full)
		From	To			
	Webinar in Bomb Threat Awareness	01/17/2024	01/17/2024	3	Non-Technical	HRMD
	Training Workshop on Building Customer Service Skills	11/16/2023	11/16/2023	4	Non-Technical	HRMD

(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)
	N/A		IT PASSPORT CERTIFICATION EXAMINATION - LEVEL 1		N/A
	N/A		TEST OF PRACTICAL COMPETENCY IN ICT CERTIFICATION - LEVEL 2		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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)?	<div>[] YES [X] NO</div> <div>[] YES [X] NO 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>[] YES [X] NO If Yes, give details:</div> <div>[] YES [X] NO Date Filed :</div> <div>[] YES [X] NO 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>[] YES [X] NO 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>[] YES [X] NO If Yes, give details:</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>[] YES [X] NO If Yes, give details:</div> <div>[] YES [X] NO If Yes, give details:</div>
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div>[] YES [X] NO 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>[] YES [X] NO If Yes, please specify:</div> <div>[] YES [X] NO If Yes, please specify ID No:</div> <div>[] YES [X] NO If Yes, please specify ID No:</div>

41. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)		
NAME	ADDRESS	TEL. NO.
JOCELYN I. ANCHETA	AGOO, LA UNION	09182406040
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.		

ID picture taken within the last 6 months
3.5 cm. X 4.5 cm
(passport size)

With full handwritten
name tag and signature
over
printed name

Computer generated
or photocopied picture
is not acceptable

PHOTO

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number
Government Issued ID: PHILHEALTH	
ID/License/Passport No. 03-250982240-8	
Date/Place of Issuance: CALASIAO, PANGASINAN	

Signature (Sign inside the box)
Date Accomplished

Right Thumbmark

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

Person Administering Oath