

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	FLORES		
FIRST NAME	DRANOEL		
MIDDLE NAME	RUBIO		
3. DATE OF BIRTH (mm/dd/yyyy)	18/07/2002	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	Ospital ng Maynila		
5. SEX	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married	17. RESIDENTIAL ADDRESS 2601 H37 Jesus House/Block/Lot No. Street Pandacan 836 Subdivision/Village Barangay Manila NCR City/Municipality Province ZIP CODE 1011
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	
7. HEIGHT (m)	154.94		
8. WEIGHT (kg)	51		
9. BLOOD TYPE	O-		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	121321359952	18. PERMANENT ADDRESS 2601 H37 Jesus House/Block/Lot No. Street Pandacan 836 Subdivision/Village Barangay Manila NCR City/Municipality Province ZIP CODE 1011	
12. PHILHEALTH NO.	02-253921641-8		
13. SSS NO.	4167-1403-5790-6475		
14. TIN NO.	777132691000		
15. AGENCY EMPLOYEE NO.			
21. E-MAIL ADDRESS (if any) dranoelflores@gmail.com			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	Flores			
	Leonard	NAME EXTENSION (JR., SR)		
	Espiritu			
25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	Rubio Jhovielyn Azur		(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	Beata Elementary School						
SECONDARY	Carlos P. Garcia High School						High Honors
VOCATIONAL / TRADE COURSE	Philippine Christian University	Information and Communications Technology				2020	High Honors
COLLEGE	Pamantasan ng Lungsod ng Maynila	Bachelor of Science in Information Technology				2025	
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE				DATE	November 22, 2025		

IV. CIVIL SERVICE ELIGIBILITY

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

(Continue on separate sheet if necessary)

SIGNATURE

1

DATE

November 22, 2025

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

(Continue on separate sheet if necessary)

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

(Continue on separate sheet if necessary)

VIII OTHER INFORMATION

(Continue on separate sheet if necessary)

SIGNATURE

10

DATE

November 22 2025

<p>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,</p> <ol style="list-style-type: none"> within the third degree? within the fourth degree (for Local Government Unit - Career Employees)? 	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: _____ Status of Case/s: _____
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/>
<p>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?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): <hr/>
<p>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:</p> <ol style="list-style-type: none"> Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent? 	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: <hr/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: <hr/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: <hr/>

41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TEL. NO.
Alliah Gabrielle Galang		9776006253



PHOTO

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: Passport	
ID/License/Passport No.: P8351747C	
Date/Place of Issuance: 08/11/2024	

Signature (Sign inside the box)
22/11/2025
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
