

PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling 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	COBARRUBIAS		
FIRST NAME	KENNETH	NAME EXTENSION(JR., SR.) N/A	
MIDDLE NAME	LEYBLE		
3. DATE OF BIRTH (mm/dd/yyyy)	02/12/2002	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	Antipolo, Rizal		
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 ZIP CODE	#151 H. Alarcon House/Block/Lot No. Street
7. HEIGHT(m)	162.56		Alarcon Dela Paz (Pob.) Subdivision/Village Barangay
8. WEIGHT(kg)	55.5		CITY OF ANTIPOLO, RIZAL City/Municipality Province
9. BLOOD TYPE	O		
10. GSID ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS ZIP CODE	#151 H. Alarcon House/Block/Lot No. Street
12. PHILHEALTH NO.	03-252497438-9		Alarcon Dela Paz (Pob.), Subdivision/Village Barangay
13. SSS NO.	35-3275275-5		CITY OF ANTIPOLO, RIZAL City/Municipality Province
14. TIN NO.	N/A	19. TELEPHONE NO.	N/A
15. AGENCY EMPLOYEE NO.		20. MOBILE NO.	09488239866
		21. E-MAIL ADDRESS (if any)	kennethcobarubias12@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN(Write full name ad list all)	DATE OF BIRTH(mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION(JR., SR.)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	Cobarrubias			
FIRST NAME	Denis	NAME EXTENSION(JR., SR.) N/A		
MIDDLE NAME	Orpeza			
25. MOTHER'S MAIDEN NAME	Marilyn A. Leyble			
SURNAME	Cobarrubias			
FIRST NAME	Marilyn			
MIDDLE NAME	Leyble			

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	San Isidro Elementary School	N/A	2008	2014	N/A	2014	N/A
SECONDARY	San Isidro National High School	CHS (Computer Hardware Servicing)	2014	2018	N/A	2018	With Highest Honor
VOCATIONAL / TRADE COURSE	Sumulong College of Arts and Sciences	ICT (Information Communication Technology)	2018	2020	N/A	2020	With Highest Honor
COLLEGE	Rizal Technological University	Bachelor of Technical Vocational Technology Education Major in CSS	2020	2024	N/A	2024	Cumlaude
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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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: _____</div> <div>Date Filed: _____</div> <div>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 type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
38. a. Have you ever been 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)			
NAME		ADDRESS	
Michael Jeffrey L. Papas		N/A	
Vince Anthony De Vera		N/A	
Amilene Matute		N/A	
TEL. NO.			
09997967662			
09676137926			
09268757499			
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 filling of administrative/criminal case/s against me.		<div><div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)</div><div>With full and handwritten name tag and signature over printed name</div><div>Computer generated or photocopied picture is not acceptable</div></div> <div>PHOTO</div>	
<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: SSS</div> <div>ID/License/Passport No.: 35-3275275-5</div> <div>Date/Place of Issuance: 07/04/2024 / 04/07/2024</div>		<div>Signature (Sign inside the box)</div> <div>Date Accomplished</div>	
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		<div>Right Thumbmark</div>	
		Person Administering Oath	

WORK EXPERIENCE SHEET	
Instructions:	<div>1. Include only the work experiences relevant to the position being applied for.</div> <div>2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed starting with the most recent/present employment.</div>

(Signature Over Printed Name
of Employee/Applicant)
Date:_____