

[illegible]

(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.

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(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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	OBLENIDA		
FIRST NAME	ROLANDO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SALUMBIDES		
3. DATE OF BIRTH (mm/dd/yyyy)	OCTOBER 9,1968	16. CITIZENSHIP	<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	LUCBAN, QUEZON	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	4 SAN LUIS ST House/Block/Lot No. Street 10 Subdivision/Village Barangay LUCBAN QUEZON City/Municipality Province
7. HEIGHT (m)	173	4328 ZIP CODE	
8. WEIGHT (kg)	86		
9. BLOOD TYPE	O		
10. GSIS ID NO.	021-1562-7926-3		
11. PAG-IBIG ID NO.	040117564409	4328 ZIP CODE	18. PERMANENT ADDRESS
12. PHILHEALTH NO.	08-000009376-2		4 SAN LLUIS ST House/Block/Lot No. Street 10 Subdivision/Village Barangay LUCBAN QUEZON City/Municipality Province
13. SSS NO.	N/A	19. TELEPHONE NO.	
14. TIN NO.	181-372-320	20. MOBILE NO.	09514230571
15. AGENCY EMPLOYEE NO.	590-002-009-805	21. E-MAIL ADDRESS (if any)	rolandooblenida15@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	OBLENIDA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	PERLA	NAME EXTENSION (JR., SR)	CHINKY C. OBLENIDA	15/08/2000
MIDDLE NAME	CASIÑO			
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	OBLENIDA			
FIRST NAME	REYNALDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	OBLENIDA			
25. MOTHER'S MAIDEN NAME				
SURNAME	SALUMBIDES			
FIRST NAME	LEONIDA			
MIDDLE NAME	DE'ARAO		(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	LUCBAN ELEMENTARY SCHOOL	PRIMARY	1975	1981		1981	
SECONDARY	SOUTHERN LUZON POLYTECHNIC COLLEGE	SECONDARY	1981	1981		1985	
VOCATIONAL / TRADE COURSE	QUEZON TECHNICAL SCHOOL	AUTOMOTIVE	1985	1986		1986	
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)	
SIGNATURE	DATE

<div>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,</div> <div>a. within the third degree?</div> <div>b. within the fourth degree (for Local Government Unit - Career Employees)?</div>		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details:</div>												
<div>35. a. Have you ever been found guilty of any administrative offense?</div> <div>b. Have you been criminally charged before any court?</div>		<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>												
<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>		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div>												
<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>		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div>												
<div>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</div> <div>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>		<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>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country):</div>												
<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:</div> <div>a. Are you a member of any indigenous group?</div> <div>b. Are you a person with disability?</div> <div>c. Are you a solo parent?</div>		<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>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR LEONISA BERNARDO</td><td>SLSU LUCBAN, QUEZON</td><td></td></tr><tr><td>ENGR ARNEL MAGUYON</td><td>SLSU LUCBAN, QUEZON</td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table> <div><div><div>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><div><div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</div><div>PLEASE INDICATE ID Number and Date of Issuance</div><div>Government Issued ID: SLSU-RSO-1568</div><div>ID/License/Passport No.:</div><div>Date/Place of Issuance: 2015</div></div><div><div>Signature (Sign inside the box)</div><div>Date Accomplished</div></div></div><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>PHOTO</div></div><div><div>Right Thumbmark</div></div></div></div>			NAME	ADDRESS	TEL. NO.	DR LEONISA BERNARDO	SLSU LUCBAN, QUEZON		ENGR ARNEL MAGUYON	SLSU LUCBAN, QUEZON				
NAME	ADDRESS	TEL. NO.												
DR LEONISA BERNARDO	SLSU LUCBAN, QUEZON													
ENGR ARNEL MAGUYON	SLSU LUCBAN, QUEZON													
<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></div>														

[illegible]

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)

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
CARDENRY	N/A	N/A
PAINTER		
WELDING		

<i>(Printed on separate sheet if necessary)</i>			
SIGNATURE		DATE	