

# 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 CSJDNs

(Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAME	SARATE		
FIRST NAME	JANICE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ESCUADRA		
3. DATE OF BIRTH (mm/dd/yyyy)	04/05/1982	16. CITIZENSHIP	<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	CABATUAN, ILOILO	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	1060 CRISPIN SALAZAR ST., House/Block/Lot No. Street Subdivision/Village Barangay JANIUAY ILOILO City/Municipality Province
7. HEIGHT (m)	1.57 m	ZIP CODE	5034
8. WEIGHT (kg)	43 kg	18. PERMANENT ADDRESS	1060 CRISPIN SALAZAR ST., House/Block/Lot No. Street Subdivision/Village Barangay JANIUAY ILOILO City/Municipality Province
9. BLOOD TYPE	AB+	ZIP CODE	5034
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	
11. PAG-IBIG ID NO.	121181116377	20. MOBILE NO.	09694481638
12. PHILHEALTH NO.	02-025967630-5	21. E-MAIL ADDRESS (if any)	sarate.janice05@gmail.com
13. SSS NO.	07-2286713-6		
14. TIN NO.	422-388-898		
15. AGENCY EMPLOYEE NO.	N/A		

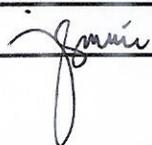
## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SARATE	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JAY	JAY ALEXIS GABRIELLE E. SARATE	02/17/2005
MIDDLE NAME	PUGA	ANYA YZABELLE E. SARATE	05/16/2011
OCCUPATION	SELF-EMPLOYED		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	ESCUADRA		
FIRST NAME	ALEX	NAME EXTENSION (JR., SR)	
MIDDLE NAME	TRUJILLO		
25. MOTHER'S MAIDEN NAME	CABALLERO		
SURNAME	CABALLERO		
FIRST NAME	DAISY		
MIDDLE NAME	MORALES	(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	JANIUAY PILOT ELEMENTARY SCHOOL		1/6/1989	03/28/1995		1995	
SECONDARY	COLEGIO DE SAN JOSE		1/6/1995	03/28/1999		1999	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	CENTRAL PHILIPPINE UNIVERSITY ILOILO DOCTORS' COLLEGE	BS COMMERCE major in MANAGEMENT ACCOUNTING BS NURSING	06/01/1999 04/01/2008	03/22/2003 03/27/2011		2003 2011	
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/17/2023
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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)?

YES  NO  
 YES  NO  
 If YES, give details: \_\_\_\_\_

35. a. Have you ever been found guilty of any administrative offense?  
 b. Have you been criminally charged before any court?

YES  NO  
 If YES, give details: \_\_\_\_\_

YES  NO  
 If YES, give details: \_\_\_\_\_  
 Date Filed: \_\_\_\_\_  
 Status of Case/s: \_\_\_\_\_

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

YES  NO  
 If YES, give details: \_\_\_\_\_

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?

YES  NO  
 If YES, give details: \_\_\_\_\_

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?

YES  NO  
 If YES, give details: \_\_\_\_\_

YES  NO  
 If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country?

YES  NO  
 If YES, give details (country): \_\_\_\_\_

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?

YES  NO  
 If YES, please specify: \_\_\_\_\_

YES  NO  
 If YES, please specify ID No: \_\_\_\_\_

YES  NO  
 If YES, please specify ID No: \_\_\_\_\_

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

NAME	ADDRESS	TEL. NO.
DR. MA. ROSARIO MACABEBE	DMO IV - DEPARTMENT OF HEALTH	09278160802
MARY PAULINE A.C. GESTOSANI, MD, MMIP	FORMER DMO V - PDOHO	033-332-2326
MR. HAROLD ALFRED P. MARSHALL	REGIONAL DIRECTOR - POPCOM REGION VI	033-3292747

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.

Right Thumbmark

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PRC ID ID/License/Passport No.: 0754806 Date/Place of Issuance: 05/04/2012 / ILOILO CITY	 Signature (Sign inside the box) 7/17/2023 Date Accomplished	
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SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath