

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases 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.**

ICS TO FILE

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	PILONGO		
FIRST NAME	JUPITER	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	GACUS		
3. DATE OF BIRTH (mm/dd/yyyy)	9/16/1988	10. 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	CAGAYAN DE ORO CITY	If holder of dual citizenship, please indicate the details	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Philippines	
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	MA Roxas St. Street POBLACION Barangay MATALAM NORTH COTABATO City/Municipality 9406 Province
7. HEIGHT (m)	1.64	18. PERMANENT ADDRESS	Purok Uno
8. WEIGHT (kg)	65		Street
9. BLOOD TYPE	O	19. TELEPHONE NO.	09962334527
10. GSIS ID NO.	CRN-021-1580-8670-0	20. MOBILE NO.	
11. PAG-IBIG ID NO.	NONE	21. E-MAIL ADDRESS (if any)	jpilongo@usm.edu.ph
12. PHILHEALTH NO.	17-025402652	ZIP CODE	
13. SSS NO.	NONE	N/A	
14. TIN NO.	311-784-729		
15. AGENCY EMPLOYEE NO.	12-02497		

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	NAME EXTENSION (JR., SR.)		N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	PILONGO			
FIRST NAME	ROMULO			
MIDDLE NAME	COMPO			
25. MOTHER'S MAIDEN NAME				
SURNAME	GACUS			
FIRST NAME	CORAZON			
MIDDLE NAME	GALO			

(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	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	SAGAY CENTRAL SCHOOL	PRIMARY EDUCATION	1995	2001	ELEMENTARY EDUCATION	2001	N/A
SECONDARY	ILIGAN CITY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2001	2005	SECONDARY EDUCATION	2005	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A					N/A
COLLEGE	MINDANAO STATE UNIVERSITY - ILIGAN INSTITUTE OF TECHNOLOGY	BS MATHEMATICS	2005	2009	BACHELOR'S DEGREE	2009	N/A
GRADUATE STUDIES	MINDANAO STATE UNIVERSITY - ILIGAN INSTITUTE OF TECHNOLOGY	MS MATHEMATICS	2009	2011	MASTERAL	2011	DOST
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES - DILIMAN	PH.D. MATHEMATICS	2016	PRESENT	DOCTORAL		CHED

(Continue on separate sheet if necessary)

SIGNATURE	DATE
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ENSE (if applicable)

LIC	SR	Date of
NUMBER		Validity

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

DATE _____

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

[illegible]

(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.)

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the 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?

☐ YES ☒ NO
If YES, give details:

- b. Have you been criminally charged before any court?

☐ 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: END OF CONTRACT

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

☐ YES ☒ NO
If YES, give details:

- 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:

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

- a. Are you a member of any indigenous group?

☐ YES ☒ NO
If YES, please specify:

- b. Are you a person with disability?

☐ YES ☒ NO
If YES, please specify ID No:

- c. Are you a solo parent?

☐ YES ☒ NO
If YES, please specify ID No:

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

NAME	ADDRESS	TEL. NO.
PHILIP LESTER P. BENJAMIN, PhD	USM, KABACAN, NORTH COTABATO	9338245352
ENGR. ARNEL B. TOLEDO	USM, KABACAN, NORTH COTABATO	9189651358
JONALD L. PIMENTEL, PhD	USM, KABACAN, NORTH COTABATO	9107561365

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: UMID
ID/License/Passport No.: CRN-021-1580-8670-0
Date/Place of Issuance:

Signature (Sign inside the box)
Date Accomplished



SUBSCRIBED AND SWORN to before me this

, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath