

## 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. I. CS ID NO. (Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAME	CADORNA		
FIRST NAME	MARK GLEN		NAME EXTENSION (JR., SR)
MIDDLE NAME	ESPINOSA		
3. DATE OF BIRTH (mm/dd/yyyy)	6/14/1997	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	SAN MIGUEL, LEYTE	If holder of dual citizenship, please indicate the details.	
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	House/Block/Lot No. Street RAINBOW VILLAGE 84 Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.65M	ZIP CODE	6500
8. WEIGHT (kg)	70KG	18. PERMANENT ADDRESS	House/Block/Lot No. Street SAN ANDRES Subdivision/Village Barangay SAN MIGUEL LEYTE City/Municipality Province
9. BLOOD TYPE		ZIP CODE	6518
10. GSIS ID NO.		19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121255297091	20. MOBILE NO.	09163938391 / 09515828371
12. PHILHEALTH NO.	13-201910399-8	21. E-MAIL ADDRESS (if any)	markglenecadorna@gmail.com
13. SSS NO.	06-4364181-3		
14. TIN NO.	366-239-651		
15. AGENCY EMPLOYEE NO.			

## 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	N/A	NAME EXTENSION (JR., SR)	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	CADORNA			
FIRST NAME	CELESTINO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BALAIS			
25. MOTHER'S MAIDEN NAME				
SURNAME	AGUIRRE			
FIRST NAME	CLARITA			
MIDDLE NAME	ESPINOSA		(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	STA CRUZ ELEMENTARY SCHOOL		6/1/2005	#####		2011	
SECONDARY	STA CRUZ NATIONAL HIGH SCHOOL		6/15/2011	#####		2015	
VOCATIONAL / TRADE COURSE	CONTACT SERVICE NCII		#####	#####		2019	WITH HONORS
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN MAPEH	6/17/2015	#####		2019	LNU DC SCHOLARSHIP
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	MARK GLEN E. CADORNA	DATE	January 18, 2022
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IV. CIVIL SERVICE ELIGIBILITY						
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)		
				NUMBER	Date of Validity	
LICENSURE EXAMINATION FOR TEACHERS		SEP. 29, 2019	TACLOBAN	1859878	6/14/2023	
(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						
28. INCLUSIVE DATES (mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
2/10/2020	11/17/2021	ASSOCIATE CUSTOMER SERVICE	FUSION BPO SERVICES PHILS. INC.	15000.00		
(Continue on separate sheet if necessary)						
SIGNATURE		MARK GLEN E. CADORNA	DATE	January 18, 2022		

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

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	YOUTH ACTION FOR COMMUNITY ADVANCEMENT PROGRAM	2/13/2016	2/28/2016		PARTICIPANT

(Continue on separate sheet if necessary)

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

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	CAPACITY BUILDING TRAINING IN TACHING WITH TECHNOLOGY	8/3/2017	8/11/2017	11 HOURS		LEYTE NORMAL UNIVERSITY
	CONTACT SERVICE NCI	10/23/2019	11/8/2019	44 HOURS		CALL CENTER ACADEMY
	PASINAYA 2019 OPEN WORKSHOPS (DANCE CATEGORY)	2/1/2019	2/3/2019			CULTURAL CENTER OF THE PHILIPPINES
	PHILIPPINE ASSOCIATION OF STATE UNIVERSITIES AND COLLEGES (PASUC) 2016-2018					VARIOUS UNIVERSITIES AND COLLEGES
	LEYTE NORMAL UNIVERSITY DANCE COMPANY					LEYTE NORMAL UNIVERSITY



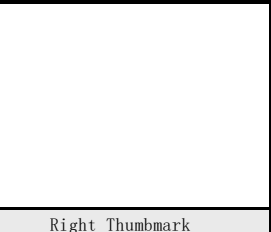
(Continue on separate sheet if necessary)

**VIII. OTHER INFORMATION**

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	DANCE: PHILIPPINE ASSOCIATION OF STATE UNIVERSITIES AND COLLEGES (PASUC) 2016- 2018		REGIONAL LEVEL COMPETITION - DANCE CATEGORY CHAMPION INDIGENOUS DANCE (2016) - NAVAL STATE UNIVERSITY, NAVAL BILIRAN CHAMPION CONTEMPORARY DANCE (2017) - EASTERN VISAYAS STATE UNIVERSITY, TACLOBAN CITY 1ST RUNNER UP CONTEMPORARY DANCE (2018) - EASTERN SAMAR STATE UNIVERSITY NATIONAL LEVEL COMPETITION - DANCE CATEGORY 3RD RUNNER UP INDIGENOUS DANCE (2016) - ILOCOS SUR 2ND RUNNER UP CONTEMPORARY DANCE (2017) - DUMAGUETE CITY 2ND RUNNER UP CONTEMPORARY DANCE (2018) - DAVAO CITY		PARTICIPANT
	CHOREGRAPHER: FOLK DANCE		LEYTE NORMAL DANCE COMPANY (LNU DC)		LNU DC MEMBER
	LANDSCAPING		CHAMPION: 2014 DIVISION TECHNOOLYMPICS		PARTICIPANT

(Continue on separate sheet if necessary)

SIGNATURE	MARK GLEN E. CADORNA	DATE	January 18, 2022
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34. Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate supervision Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
MS. ESTER MAE RAMIREZ	CEBU CITY	09566592508 09683737802
MR. NEILREX CASTIL	TACLOBAN CITY	9494334313
MS. SUSSANA ESPINA	TACLOBAN CITY	9129906673
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		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <span style="float: right;">PLEASE</span> Government Issued IPRC ID ID/License/Passport <b>1859878</b> Date/Place of Issuance <b>01/22/2020</b>	 Signature (Sign inside the box) Date Accomplished	 PHOTO   Right Thumbmark
Before me this _____, affiant exhibiting his/her validly issued government		
<div style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto; text-align: center;">         Person Administering Oath       </div>		