

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	RUPA		
FIRST NAME	VICENTE	NAME EXTENSION (JR., SR) JR.	
MIDDLE NAME	ESTRAEL		
3. DATE OF BIRTH (mm/dd/yyyy)	1/7/1997	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	TACLOBAN CITY	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:		
7. HEIGHT (m)	1.65	17. RESIDENTIAL ADDRESS	N/A N/A House/Block/Lot No. Street N/A CANVERTUDES Subdivision/Village Barangay ALANGALANG LEYTE City/Municipality Province ZIP CODE 6517
8. WEIGHT (kg)	68	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A CANVERTUDES Subdivision/Village Barangay ALANGALANG LEYTE City/Municipality Province ZIP CODE 6517
9. BLOOD TYPE	O	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A	20. MOBILE NO.	09152123718
11. PAG-IBIG ID NO.	121266103393	21. E-MAIL ADDRESS (if any)	vicenterupa@gmail.com
12. PHILHEALTH NO.	13-250261222-4		
13. SSS NO.	06-3431525-5		
14. TIN NO.	748-741-414-000		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and first 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	RUPA			
FIRST NAME	VICENTE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TRISTE			
25. MOTHER'S MAIDEN NAME				
SURNAME	ESTRAEL			
FIRST NAME	FE			
MIDDLE NAME	PONTILLAS			

(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	RIZAL CENTRAL SCHOOL	PRIMARY EDUCATION	2003	2009	N/A	2009	8TH HONORABLE MENTION
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2013	N/A	2013	12TH HONORABLE MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	BS ACCOUNTANCY	2013	2018	N/A	2018	N/A
	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	BS ACCOUNTING TECHNOLOGY	2018	2018	N/A	2018	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE	3/2/2021
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

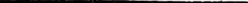
(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	3/2/2021
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

29	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(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)

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			
	TAX UPDATES AND TAX PRACTICES	08/29/2020	09/20/2020	20.5 HOURS	TECHNICAL	PHILIPPINE ASSOCIATION OF CERTIFIED TAX TECHNICIANS, INC.
	TAX UPDATES SEMINAR	01/12/2019	01/12/2019	4 HOURS	TECHNICAL	PHILIPPINE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
	NEW CONCEPTUAL FRAMEWORK SEMINAR	01/12/2019	01/12/2019	4 HOURS	TECHNICAL	PHILIPPINE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
	STUDENT CRIME PREVENTION COMMITTEE SEMINAR-WORKSHOP	09/30/2017	09/30/2017	8 HOURS	GENERAL	NATIONAL POLICE COMMISSION RO8
	JPIA CONFERENCE	08/15/2017	08/15/2017	8 HOURS	TECHNICAL	PHILIPPINE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
	BASIC CUSTOMER SERVICES	04/03/2017	04/03/2017	4 HOURS	GENERAL	PHILHEALTH LOCAL HEALTH INSURANCE OFFICE
	LEAD LIKE JESSE LEADERSHIP TRAINING	03/21/2017	03/22/2017	13.5 HOURS	GENERAL	KAYA NATIN MOVEMENT TO GOOD GOVERNANCE AND ETHICAL LEADERSHIP
	LECTURE SERIES ON INCOME AND BUSINESS TRANSFER TAX	03/17/2017	03/17/2017	8 HOURS	TECHNICAL	REX BOOKSTORE
	WAS IT I OR ME? AVOIDING GRAMMAR PET PEEVES IN BUSINESS WRITING	07/13/2016	07/13/2016	7 HOURS	GENERAL	ASSOCIATION OF FIL-AM TEACHERS OF AMERICA, INC.
	5TH REGIONAL BUSINESS SUMMIT	09/30/2015	10/01/2015	8 HOURS	GENERAL	DOST, DOLE, CHED, DTI, DOT, DAR, ETC.
	MTALKS - SEMINAR ON MARKETING AND BUSINESS REVOLUTION	01/30/2015	01/30/2015	4 HOURS	GENERAL	SAINT PAUL SCHOOL OF BUSINESS AND LAW

(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)
	COMPREHENSIVE KNOWLEDGE IN MICROSOFT OFFICE		YOUNG MEN'S CHRISTIAN ASSOCIATION (YMCA) OF LEYTE OUTSTANDING STUDENT AWARDEE		JUNIOR PHILIPPINE INSTITUTE OF ACCOUNTANTS
	BUSINESS LETTER WRITING		SENATOR, PAULINIAN STUDENT GOVERNMENT - SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES		JUNIOR INSTITUTE OF ACCOUNTING TECHNICIANS
	LEADERSHIP/INTERPERSONAL SKILLS		CHAIRMAN, STUDENT CRIME PREVENTION - SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES		NATIONAL FEDERATION OF JUNIOR PHILIPPINE INSTITUTE OF ACCOUNTANTS
	CREATING AND INTERPRETING FINANCIAL REPORTS		SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES PRESIDENTIAL AWARDEE AS JUNIOR CLASS ORGANIZATION PRESIDENT		YOUNG MEN'S CHRISTIAN ASSOCIATION (YMCA) OUTSTANDING STUDENT AWARDS ALUMNI ASSOCIATION
	COMPREHENSIVE KNOWLEDGE IN BIR TAX FORMS		RED CROSS YOUTH ORGANIZATION - LEYTE NATIONAL HIGH SCHOOL CHAPTER FIRST AIDERS OF THE YEAR AWARDEE		SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES ALUMNI ASSOCIATION
	FINANCIAL AND MANAGERIAL ACCOUNTING				MIND, ART, AND SOUND OF KINDRED INTRINSIC (MASKI) ART GROUP
	ACCOUNTING SYSTEM ANALYSIS AND DESIGN				PHILIPPINE ASSOCIATION OF CERTIFIED TAX TECHNICIAN, INC.
	BASIC KNOWLEDGE IN ADOBE PHOTOSHOP				ROYAL INSTITUTE OF TAXATION, SINGAPORE
	COMPREHENSIVE KNOWLEDGE IN QUICKBOOKS AND ADOBE LIGHTROOM				
	PAINTING AND DOODLE ART				
	PHOTOGRAPHY				
	CALLIGRAPHY				

(Continue on separate sheet if necessary)

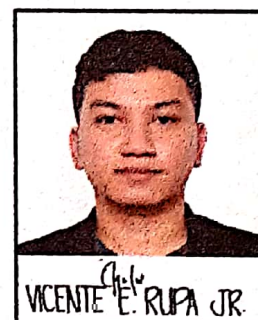
SIGNATURE		DATE	3 / 2 / 2021
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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>

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

NAME	ADDRESS	TEL. NO.
Dir. JOSEPHMAR B. GIL, MPSA, CESO IV	REGIONAL DIRECTOR, NATIONAL POLICE COMMISSION R05, LEGAZPI CITY, ALBAY	0928-507-7636
MARILOU E. MALQUISTO, CPA	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES, PALO, LEYTE	0919-286-3292
MARIA CHARITO L. SUYOM, MSEcon	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES, PALO, LEYTE	0977-754-0986

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.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

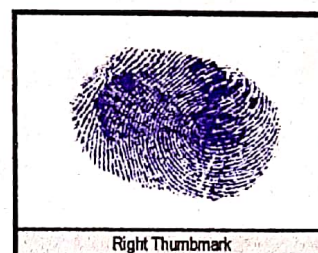
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PHILHEALTH ID

ID/License/Passport No.: 13-250261222-4

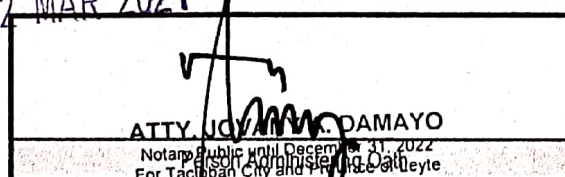
Date/Place of Issuance: APRIL 2018/TACLOBAN CITY, LEYTE

<p>Signature (Sign inside the box)</p> <p>3 / 2 / 2021</p> <p>Date Accomplished</p>



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 02 MAR 2021, affiant exhibiting his/her validly issued government ID as indicated above.



Notary Public until December 31, 2022
For Tacloban City and Province of Leyte
Notaria Commission No. 2021-01-10
Roll of Attorney's No. 75046-07042020
IBP OR No. 133401.11/25/2020, Leyte
PTR No. 8101688, 01/04/2021, Tacloban City
Unit 5, Fil-India Arcade, Brgy. 59, Picas,
Sagkahan, Tacloban City

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

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 from most recent first.

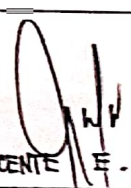
- Duration: March 30, 2017 – May 04, 2017
- Position: Backroom Services Assistant
- Name of Office/Unit: Backroom Office and Frontline Units
- Immediate Supervisor: Maria Eva E. Aguilon
- Name of Agency/Organization and Location: Philippine Health Insurance Corporation – Local Health Insurance Office, Real St., Fatima Village, Tacloban City, Leyte

- List of Accomplishments and Contributions (if any):

- Summary of Actual Duties

Responsible for different tasks not limited to the following:

1. Enrolling, updating, and printing PhilHealth members' information in the system and computer files
2. Printing and releasing PhilHealth ID Cards
3. Sending and receiving documents to/from hospitals through e-mail
4. Office inventory sorting, listing, and disposal
5. Office document processing - create, edit, print, scan, edit, etc.
6. Performing secretariat functions for internal and external meetings
7. Handling and creating inter and intra office communications
8. Updating profiles of different LGUs concerned in the excel
9. Office documents sorting and filing
10. Contacting rural health units for updates related to PhilHealth
11. Doing frontline services and manages public assistant and complaints desk - entertaining and answering stakeholders' concerns, etc.
12. Making PowerPoint presentation for internal and external use
13. Updating, listing, and printing employees' attendance sheets, business slips, and pass slips
14. Performs other functions as directed by management


VICENTE E. RUPA JR.

(Signature over Printed Name
of Employee/Applicant)

Date: 3 / 2 / 2021