

## 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)

## I. PERSONAL INFORMATION

2. SURNAME FIRST NAME MIDDLE NAME	BALAGA CLE MARVEN PALMA		NAME EXTENSION (JR., SR)	
3. DATE OF BIRTH (mm/dd/yyyy)	3/28/1993	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> Filipino	<input type="checkbox"/> Dual Citizenship by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY			
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS ZIP CODE	556-A	30 de Diciembre
7. HEIGHT (m)	1.68 m.		House/Block/Lot No.	Street
8. WEIGHT (kg)	70 kg.		Subdivision/Village	Barangay
9. BLOOD TYPE	O		Baybay City	Leyte
10. GSIS ID NO.	4162 9802 0017 3820		City/Municipality	Province
11. PAG-IBIG ID NO.	914197192015		6521	
12. PHILHEALTH NO.	12-051352483-3			
13. SSS NO.	06-3562821-3	18. PERMANENT ADDRESS ZIP CODE	556-A	30 de Diciembre
14. TIN NO.	318-117-221-000		House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.			Subdivision/Village	Barangay
			Baybay City	Leyte
			City/Municipality	Province
			6521	
		19. TELEPHONE NO.		
		20. MOBILE NO.	09606559310	
		21. E-MAIL ADDRESS (if any)	clemarven.balaga@gmail.com	


## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	FERNANDEZ LYNN DE PAZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
	NAME EXTENSION (JR., SR)		Dawson Ri F. Balaga	7/20/2020
			Athaliah Ynez F. Balaga	11/10/2022
OCCUPATION	Bank Accounting Assistant			
EMPLOYER/BUSINESS NAME	BDO Unibank - Gaisano Riverside Branch			
BUSINESS ADDRESS	Gaisano Riverside, Brgy. Alegria, Ormoc City, Leyte			
TELEPHONE NO.				
24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	BALAGA FLORO VARRON			
	NAME EXTENSION (JR., SR)			
25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	PALMA ROSA ANA PILAPIL			
	(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	BAYBAY NORTH CENTRAL SCHOOL		6/7/1999	3/18/2005	Graduate	2005	With Honors
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL		6/7/2005	3/21/2009	Graduate	2009	Honorable Mention
COLLEGE	UNIVERSITY OF SAN JOSE-RECOLETOS	BACHELOR OF SCIENCE IN TOURISM	6/14/2010	3/18/2014	Graduate	2014	
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY-PHINMA	MASTER OF BUSINESS ADMINISTRATION major in TOURISM & LEISURE MANAGEMENT	6/28/2015	3/21/2016	18 units	2017	
	CEBU TECHNOLOGICAL UNIVERSITY	DIPLOMA IN PROFESSIONAL EDUCATION	4/3/2017	7/7/2017	Graduate	2017	
	UNIVERSITY OF SAN CARLOS	MASTER OF MANAGEMENT major in TOURISM MANAGEMENT	1/20/2021	Present	CAR		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 21, 2023
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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
Licensed Professional Teacher	84.8%	8/30/2018	TACLOBAN CITY, LEYTE	1713820	3/28/2022
Tourism Promotions Services NCII		2/6/2018	Tagbilaran City, Bohol	18071202013848	1/6/2023

(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 sheet.

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INDIVIDUALS	ORGANIZATION	APPROXIMATE START/STOP DATES	POSITION	SALARY/HOUR	CONTACT NO.	NOTE

[illegible]


*(Continue on separate sheet if necessary)*




***SIGNATURE***



<b>DATE</b>
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December 21, 2023

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			
Knight of Columbus Council 3690 - Baybay City	11/30/2018	Present		3rd Degree Knight	
(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			
Orientation-Workshop wth School Heads and Select Teachers in Managing Alternative Learning System Senior High School	3/13/2023	3/15/2023	24.0		DepEd Eastern Visayas
Division Skills Training Workshop of TVL Teachers through Project Buhat	10/26/2022	10/28/2022	24.0		DepEd Baybay City Division
Seminar on Tourism Enterprise Innovation Technologies for Tourism Sites, Destinations, Products and Services	9/26/2022	9/27/2022	16.0		DOT Region VIII
DepEd LMS Fundamentals - DLMS Teaching Course 101	7/21/2022	7/23/2022	24.0		DepEd Eastern Visayas
Division Skills Training Workshop of TVL Teachers through Project Buhat	9/27/2021	9/29/2021	24.0		DepEd Baybay City Division
Training-Workshop on Teachers to Prepare a 3-year Individual Leaning and Development Plan	7/26/2021	7/28/2021	24.0		DepEd Eastern Visayas
Division Training on Implementing Alternative Instructional Delivery Practices for Senior High School Teachers	10/23/2019	10/25/2019	24.0		DepEd Baybay City Division
ASEAN Toolbox Immersion Workshop for Tourism Educators and Trainers	5/25/2019	5/25/2019	8.0		DOT Region VIII
Eastern Visayas Basic Education Research Conference	10/25/2018	10/26/2018	16.0		DepEd Eastern Visayas
(Continue on separate sheet if necessary)					
VIII. OTHER INFORMATION					
31. SPECIAL SKILLS and HOBBIES	32. NON- ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)		MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write)		
Sports - Basketball/Badminton	Research Presenter, Eastern Visayas Basic Education Research Conference, October 25-26, 2018		Member - Association of Human Resource Managers in Hospitality Industry - Cebu		
Playing Guitar and Listening to Music	Research Presenter, 4th Division Research Conference, March 16, 2018		Member - Cebu Tourism and Hospitality Educators		
Surfing the Internet					
(Continue on separate sheet if necessary)					
SIGNATURE				DATE	December 21, 2023

<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> <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>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Gerry L. Torillo</td> <td>Brgy. Plaridel, Baybay City</td> <td>9176365510</td> </tr> <tr> <td>Dr. Sherlita Palma</td> <td>Brgy. Libertad, Ormoc City</td> <td>9158278310</td> </tr> <tr> <td>Beth Catherine Dongon</td> <td>Zone 1, Baybay City</td> <td>9052608347</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Gerry L. Torillo	Brgy. Plaridel, Baybay City	9176365510	Dr. Sherlita Palma	Brgy. Libertad, Ormoc City	9158278310	Beth Catherine Dongon	Zone 1, Baybay City	9052608347
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<p>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.</p>													
<p>Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: PRC License</p> <p>ID/License/Passport No.: 1713820</p> <p>Date/Place of Issuance: Ormoc City / January 10, 2019</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">December 21, 2023</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	December 21, 2023	Date Accomplished								
													
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													



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