

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	PLEÑOS			
FIRST NAME	REGINE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SABANATE			
3. DATE OF BIRTH (mm/dd/yyyy)	7/13/2000	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	SURIGAO DEL NORTE	If holder of dual citizenship, please indicate the details.		
5. SEX	<input type="checkbox"/> Male <input checked="" 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)	1.53	17. RESIDENTIAL ADDRESS	HOUSE NO. 4, BLOCK 5, LOT A N/A House/Block/Lot No. Street TZU CHI LILOAN Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province 6541	
8. WEIGHT (kg)	50		ZIP CODE	
9. BLOOD TYPE			18. PERMANENT ADDRESS	HOUSE NO. 4, BLOCK 5, LOT A N/A House/Block/Lot No. Street TZU CHI LILOAN Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province 6541
10. GSIS ID NO.	2006449105			ZIP CODE
11. PAG-IBIG ID NO.	121303406089			
12. PHILHEALTH NO.	132028428727			
13. SSS NO.	0644351558	19. TELEPHONE NO.		
14. TIN NO.	612298929000	20. MOBILE NO.	09922785960	
15. AGENCY EMPLOYEE NO.	2962	21. E-MAIL ADDRESS (if any)	sabanateregine0@gmail.com	

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	PLEÑOS			
FIRST NAME	ROEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BAYO			
25. MOTHER'S MAIDEN NAME				
SURNAME	SABANATE			
FIRST NAME	RODELYN			
MIDDLE NAME	REJE		(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	COGON CENTRAL SCHOOL	PRIMARY	2006	2012	GRADUATED	2012	FAST ACHIEVER
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	JUNIOR HIGH SCHOOL	2012	2016	GRADUATED	2016	N/A
SECONDARY	ORMOC CITY SENIOR HIGH SCHOOL	ACCOUNTANCY AND BUSINESS MANAGEMENT	2016	2018	GRADUATED	2018	WITH HIGH HONOR
VOCATIONAL /	WESTERN LEYTE COLLEGE OF ORMOC	FOOD AND BEVERAGE SERVICES	2018	2018	GRADUATED	2018	N/A
COLLEGE	WESTERN LEYTE COLLEGE OF ORMOC	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION	2018	2022	GRADUATED	2022	ACADEMIC AWARDEE, LGU SCHOLAR
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	November 20, 2024
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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		
FAITH BAMBOO NATIVE PRODUCTS WORKERS ASSOCIATION	12/2/2022	2/28/2023	90 DAYS	SECRETARY

(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			
CIVIL SERVICE SOMMISSION (CSC) ORIENTATION ON POLICIES AND GUIDELINES RELATED TO HEI FACULTY MEMBERS	9/11/2024	9/11/2024	8	TECHNICAL	CITY COLLEGE OF ORMOC
OCCUPATIONAL FIRST AID TRAINING	7/18/2024	7/19/2024	16	TECHNICAL	BUREAU OF FIRE AND PROTECTION
STRATEGIC PLANNING SEMINAR	09/10/2022	09/10/2022	8	ADMINISTRATIVE	BANK OF ORMOC
ACCOUNTING FOR NONACCOUNTANTS	04/05/2022	05/25/2022	48	TECHNICAL	PICPA
LIFE SKILLS DEVELOPMENT PROGRAM FOR THE FUTURE WORKFORCE	10/19/2019	10/19/2019	8	TECHNICAL	WESTERN LEYTE COLLEGE
YOUNG LEADERS FOR RESILIENCE PROGRAM: ENTERPRISE DESIGN THINKING WORKSHOP	9/6/2019	9/7/2029	16	MANAGERIAL	LGU, ARISE, SM, NRC, IBM and ASIA PACIFIC COLLEGE
SCIENCE TECHNOLOGY AND SOCIETY	3/22/2019	3/22/2019	8	TECHNICAL	WESTERN LEYTE COLLEGE
NATIONAL CERTIFICATE II	4/1/2018	7/1/2018	360	TECHNICAL	TESDA


(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)
CLIENT RELATIONSHIP BUILDING	N/A	LOCAL GOVERNMENT SCHOLAR
PROCESS IMPROVEMENT		FAITH BAMBOO NATIVE PRODUCTS WORKERS ASSOCIATION
GOOD COMMUNICATION		N/A
PROBLEM SOLVING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	November 20, 2024
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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)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: RESIGNATION, END OF CONTRACT</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>ROBERT GALANG</td><td>MANILA</td><td>09674238229</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>		NAME	ADDRESS	TEL. NO.	ROBERT GALANG	MANILA	09674238229						
NAME	ADDRESS	TEL. NO.											
ROBERT GALANG	MANILA	09674238229											
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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td></tr><tr><td>PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: Philhealth</td></tr><tr><td>ID/License/Passport No.: 132028428727</td></tr><tr><td>Date/Place of Issuance: Ormoc City</td></tr></table>	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/License/Passport No.: 132028428727	Date/Place of Issuance: Ormoc City	<table><tr><td> </td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>11/20/2024</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	11/20/2024	Date Accomplished			
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<div> PHOTO</div> <div><div> </div><div>Right Thumbmark</div></div>													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div> </div> <div>Person Administering Oath</div>													