

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	BREHONIO		
FIRST NAME	SHARA LIZ	NAME EXTENSION (JR., SR)	
MIDDLE NAME	DEDACE		
3. DATE OF BIRTH (mm/dd/yyyy)	26/04/1997	16. 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	INOPACAN, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
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:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street BLISS POBLACION Subdivision/Village Barangay INOPACAN LEYTE City/Municipality Province
7. HEIGHT (m)	1.63	ZIP CODE	6522
8. WEIGHT (kg)	50 KG.		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	House/Block/Lot No. Street BLISS POBLACION Subdivision/Village Barangay INOPACAN LEYTE City/Municipality Province
10. GSIS ID NO.	NOT APPLICABLE	ZIP CODE	6522
11. PAG-IBIG ID NO.	1212-3308-9241		
12. PHILHEALTH NO.	132505259754		
13. SSS NO.	06-4139870-2	19. TELEPHONE NO.	NOT APPLICABLE
14. TIN NO.	350-106-220	20. MOBILE NO.	09286296510
15. AGENCY EMPLOYEE NO.	NOT APPLICABLE	21. E-MAIL ADDRESS (if any)	sharalizbrehonio@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		NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	BREHONIO			
FIRST NAME	EULITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MEGIAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	DEDACE			
FIRST NAME	VICTORIA			
MIDDLE NAME	BAGUION		(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	INOPACAN CENTRAL SCHOOL	PRIMARY EDUCATION	2004	2010	N/A	2010	WITH HONOR
SECONDARY	TINAGO NATIONAL HIGH SCHOOL	HIGH SCHOOL	2010	2014	N/A	2014	WITH HONOR
VOCATIONAL / TRADE COURSE	ST. ALLOYSUS COLLEGE- ORMOC CITY	NC II- HOUSEKEEPING HOLDER	2018	2018	N/A	N/A	N/A
COLLEGE	PALOMPON INSTITUTE OF TECHNOLOGY	BS HOTEL & RESTAURANT MANAGEMENT MAJOR IN CRUISE SHIP MANAGEMENT	2014	2018	N/A	2019	LATIN HINOR
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/24/2022
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[illegible]

V. WORK EXPERIENCE

28.	INCLUSIVE DATES				SALARY/JOB/PAY		
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[illegible]

SIGNATURE		DATE	01/01/2020
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01/24/2022

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			
	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			
	BASIC CUSTOMER SERVICE RELATION	11/28/2021	11/28/2021	8.0	N/A	PHILIPPINE STATISTICS AUTHORITY
	BASIC TRAINING	4/24/2017	#####	104.0	SAFETY	UC-METC, CEBU CITY
	SAFETY OF LIFE AT SEA	#####	#####	8.0	SAFETY	UC-METC, CEBU CITY
	NC II HOUSEKEEPING	#####	#####	210.0	TECHNICAL	ST. ALLOYSUS ORMOC CITY, LEYTE
	2nd REGIONAL TOURISM AND HOSPITALITY CONVENTION	9/24/2015	9/25/2015	16.0	N/A	VISAYAS STATE UNIVERSITY- MAIN
(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)	
	HOUSEKEEPING		BEST EMPLOYEE OF THE MONTH		N/A	
	COMPUTER LITERACY (MICROSOFT WORD, EXCEL, POWERPOINT & ETC.)		LUCKY DEALER		N/A	
	ONLINE SELLING		N/A		N/A	
	DEALING CARD GAMES (BACCARAT & SUPER 6)		N/A		N/A	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	01/24/2021	

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 type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</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: Are you a member of any indigenous group? Are you a person with disability? 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>				
		<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)						
NAME			ADDRESS		TEL. NO.	
HESSON EDN-EBN DOBLE			MATALOM, LEYTE		9770556118	
JELIE ROSE PERNES			PALOMPON, LEYTE		9161577336	
CLINTON MACADINE			INOPACAN, LEYTE		9218014821	
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.						
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: UMID ID</div> <div>ID/License/Passport No.: 0111-9737824-6</div> <div>Date/Place of Issuance: CEBU CITY</div>			<div></div> <div>Signature (Sign inside the box)</div> <div>01/24/2021</div> <div>Date Accomplished</div>			<div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable</div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</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>						