PERSONAL DATA SHEET

warning: Any misinterpretation made in the Personal Data Sheet and the work experience Sheet shall cause the filling 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 box	and use separate sheet if nece	essary. Indicate N/A if not appli	cable. DO	NOT ABBREVIA	1. CS ID No			up. For CSC use only)		
I. PERSONAL INFORMA										
2. LAST NAME	DAGA NAME EVTENSION (ID. SD.)									
FIRST NAME	NOREEN SELINA NAME EXTENSION (JR., SR)									
MIDDLE NAME	CABAHUG									
3. DATE OF BIRTH (mm/dd/yyyy)	01/12/1992	16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization						
4. PLACE OF BIRTH	BONTOC, SOUTHERN LEYTE	If holder of dual citizens	hip,	Pls. indicate country:						
5. SEX	☐ Male	please indicate the deta	ils.	▼						
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		House/Block/Lot N Subdivision/Villag		Mary Palmer Street TALISAY Barangay				
7. HEIGHT (m)	1.4			BONTOC City/Municipality		SOUTHERN LEYTE				
8. WEIGHT (kg)	47.5	ZIP CODE		City/Municipality Province 6604						
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	Mary Palmer House/Block/Lot No. Street							
10. GSIS ID NO.	N/A			Subdivision/Village	Δ		Barangay SOUTHERN LEYTE Province			
11. PAG-IBIG ID NO.	1211 1483 2581			BONTOC						
12. PHILHEALTH NO.	12-051316396-2	ZIP CODE		City/Municipality 6604			Province			
13. SSS NO.	06-3498818-7	19. TELEPHONE NO.								
14. TIN NO.	434-606-763	20. MOBILE NO.		+63966-388-0573						
15. AGENCY EMPLOYEE NO.	1005799	21. E-MAIL ADDRESS (if any)		iamnoreen12@gmail.com						
II. FAMILY BACKGROU	ND									
22. SPOUSE'S SURNAME	N/A		23. NAME	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 NAM										
BUSINESS ADDRESS										
TELEPHONE NO.										
24. FATHER'S SURNAME	DAGA									
FIRST NAME	MANOLITO	NAME EXTENSION (JR., SR)								
MIDDLE NAME	LIHAY-LIHAY									
25. MOTHER'S MAIDEN NAME										
SURNAME	CABAHUG									
FIRST NAME	MA. VICTORIA									
MIDDLE NAME	TANTOY		(Continue on separate sheet if necessary)							
III. EDUCATIONAL BAC	KGROUND					HIGHEST				
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	/COURSE	PERIOD OF ATTENDANCE From To		LEVEL/ UNITS EARNED (if not	YEAR GRADUA TED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
ELEMENTARY	BONTOC CENTRAL SCHOOL	ELEMENTARY		1998	2004	GRADUATED	2004	SALUTATORIAN		
SECONDARY	BONTOC NATIONAL HIGH SCHOOL	HIGH SCHOOL		2004	2008	GRADUATED	2008	VALEDICTORIAN		
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A		
COLLEGE	ST. PAUL SCHOOL OF BUSINESS & LAW	BACHELOR OF SCIENC ACCOUNTANCY	CE IN	2008	2013	GRADUATED	2013	CUM LAUDE		
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A		
SIGNATURE	(Continue on separate sheet if no			essary) DAT	E		August 15	2021		

V. CIVIL	SERVICE	ELIGIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) RATING			DATE OF				LICENSE (if a	pplicable)	
		AL LAWS/ CES/ CSEE ILITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFI	ERMENT	NUMBER	Date of Validity
		LIC ACCOUNTANT EXAMINATION	80.57	OCT 5,6,12 & 13, 2013	ILOILO DOCT	ORS' COLL	EGE	0153230	01/12/2022
/ W0D/	/ EVDED!		(Con	tinue on separate she	et if necessary)				
	(EXPERIE rivate empl	ENCE loyment. Start from you	ır recent work) l	Description of dution	es should be indicate	ed in the att	ached Worl	k Experience st	reet.
28. INCLUS	INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / CO	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)		
03/25/2014	08/31/2019	FINANCE ANA	LYST	SAN MIGUEL YAMAMURA PACKAGING CORP - CEBU BEVERAGE PACKAGING PLANT		₱26,635.00	0*)/ NS 5	REGULAR	N/A
09/01/2019	PRESENT	FINANCE ANA	LYST	SAN MIGUEL YAMAMURA PACKAGING CORP - METAL CLOSURE & LITHORAPHY PLANT CEBU		₱28,465.00	NS 5	REGULAR	N/A
						<u> </u>			
	TURE	Ott.	(Con	tinue on separate she	DATE	I		st 15, 2021	

VI. VOLUNTARY WORK OR INVOLVEME	NT IN CIVIC /	NON-GOVE	RNMENT/P	EOPLE/VOL	UNTARY ORGANIZATION/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIV (mm/do	/E DATES N/yyyy)	NUMBER OF HOURS	Р	POSITION / NATURE OF WORK		
N/A	N/A	N/A	N/A		N/A		
	(Continu	ie on separate s	sheet if necessar	ry)			
VII. LEARNING AND DEVELOPMENT (L8 (Start from the most recent L&D/training program a	(D) INTERVE	NTIONS/TR	AINING PRO	GRAMS ATTE			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE ATTEN	DATES OF	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
SAP TRAINING - SALES & DISTRIBUTION MODULE	05/27/2021	05/28/2021	16 HOURS	TECHNICAL	SMITS,Inc - IT Company of San Miguel Corporation		
TRAIN BEYOND AMIDST COVID-19	09/28/2020	09/28/2020	3 HOURS	TECHNICAL	KPMG Philippines - R.G. Manabat & Co.		
2019 Philippine Financial Reporting Standards & Tax Updates	11/19/2019	11/20/2019	16 HOURS	TECHNICAL	KPMG Philippines - R.G. Manabat & Co.		
How to Reduce Tax Legally & Ethically	09/29/2017	09/09/2017	8 HOURS	TECHNICAL	Philippine Institute of Certified Public Accountants - Cebu Chapter		
Philippine Financial Reporting Standards Baseline & Updates and Philippine Standard on Auditing Seminar	11/17/2016	11/18/2016	16 HOURS	TECHNICAL	KPMG Philippines - R.G. Manabat & Co.		
	/O =4"	on constitution	phoet if na				
VIII. OTHER INFORMATION	Continu	e on separate s	sheet if necessar	y/			
31. SPECIAL SKILLS and HOBBIES	NON-A		NCTIONS / RECO	MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)			
N/A			N/A		Member - Philippine Institute of Certified Public Accountants		
SIGNATURE	(Continu	e on separate s	sheet if necessar D	ry) ATE	August 15, 2021		
	\longrightarrow	\bigcirc			CS FORM 212 (Revised 2017), Page 3 of 4		

34.	Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immediately	•		
	Bureau or Department where you will be apppointed,			
	a. within the third degree?		☐ YES ☑ NO	
	b. within the fourth degree (for Local Government Unit - C	areer Employees)?	☐ YES ☐ NO	
			If YES, give details:	
				_
35.	a. Have you ever been found guilty of any administrative	offense?	- I NO	
00.	d. Hd. 5 / 52 5. 5. 52 5	OHOTICS.	YES NO	
			If YES, give details:	
				-
	b. Have you been criminally charged before any court?		☐ YES ☑ NO	
	b. Hut o you book or making the get a seeing		If YES, give details:	
			Date Filed:	
			Status of Case/s:	-
- 0	11	Constant de consta		
36.	Have you ever been convicted of any crime or violation or regulation by any court or tribunal?	orany law, decree, ordinance or	☐ YES ☑ NO	
	regulation by any court of tribunar?		If YES, give details:	
				_
37.	Have you ever been separated from the service in any o	f the following modes: resignation		
	retirement, dropped from the rolls, dismissal, termination, e		✓ YES	
	out (abolition) in the public or private sector?	,		
	, , , ,		Involuntary retirement due to cessation of	-
			plant operations	
38.	a. Have you ever been a candidate in a national or local	election held within the last year (except	☐ YES ☑ NO	
	Barangay election)?		If YES, give details:	
	b. Have you resigned from the government service durin	a the three (3) month period before the	YES ✓ NO	-
	last election to promote/actively campaign for a national or			
			II 1 LO, give details.	-
39.	Have you acquired the status of an immigrant or permane	ent resident of another country?	☐ YES ☑ NO	
			If YES, give details (country):	
				_
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) I	Magna Carta for Disabled Persons (RA		
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 897			
а	Are you a member of any indigenous group?	,,,		
	The year a member or any margeness group.			
b	Are you a person with disability?		YES ▼ NO	-
	, ,		If YES, please specify ID No:	
С	Are you a solo parent?		☐ YES ☑ NO	-
	, ,		If YES, please specify ID No:	
41.	REFERENCES (Person not related by consanguinity or affinity to	applicant /appointee)		
	NAME	ADDRESS	TEL. NO.	
		TUNGA-TUNGA, MAASIN CITY,		
	MS. SANDRA O. ALCOBER	SOUTHERN LEYTE	0917-705-1508	
	HON DEDDO V ELICTANES ID	POBLACION, BONTOC, SOUTHERN	0917-882-0182	
	HON. PEDRO V. FUSTANES, JR.	LEYTE	0317-002-0102	
	MR. JASON CALVA	MAASIN CITY, SOUTHERN LEYTE	0927-471-6188	
42	I declare under oath that I have personally accomplishe	d this Personal Data Sheet which is a tr	Tue correct and	
42.	complete statement pursuant to the provisions of pertine		ETHERETCHES / ACCORDANCE ON	
	Philippines. I authorize the agency head/authorized rep			
	I agree that any misrepresentation made in this do			
	administrative/criminal case/s against me.			
				1
G	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's	O (1, 0)		
L	icense, etc.) PLEASE INDICATE ID Number	Mean		
G	overnment Issued ID: PRC			
	NII			
	0/License/Passport No. 0153230	Signature (Sign inside the	box)	
D	ate/Place of Issuance: 09/06/2019/MANDAUE CITY, CEBU	August 15, 2021		
L		Date Accomplished		i
CIII	DECRIPED AND SWORN to before me this	offent exhibiting his/her valid	dly issued gayorament ID as indicated above	
301	BSCRIBED AND SWORN to before me this	, ailiant exhibiting his/hef valid	dly issued government ID as indicated above.	
	Γ			
		Person Administering Oa	ath	