

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	TABUDLONG		
FIRST NAME	MARY LOURINE		NAME EXTENSION (JR., SR)
MIDDLE NAME	HAGONOS		
3. DATE OF BIRTH (mm/dd/yyyy)	3/5/1994	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☒ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY,LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	☐ Male ☒ Female		
6 CIVIL STATUS	☒ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	5'0	ZIP CODE	House/Block/Lot No. Street Kan-ipa
8. WEIGHT (kg)	54		Subdivision/Village Barangay
9. BLOOD TYPE	O+		Baybay Leyte
10. GSIS ID NO.	N/A		City/Municipality Province
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-025338747-6	18. PERMANENT ADDRESS	
3. SSS NO.	06-3735307-8	ZIP CODE	House/Block/Lot No. Street Kan-ipa
14. TIN NO.	N/A		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	N/A		Baybay Leyte
			City/Municipality Province
			6521
19. TELEPHONE NO.	NA		
20. MOBILE NO.	09351227905		
21. E-MAIL ADDRESS (if	lourinetabudlong@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	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	TABUDLONG			
FIRST NAME	DOMINADOR	NAME EXTENSION (JR., SR)	SR.	
MIDDLE NAME	AVELLANA			
25 MOTHER'S MAIDEN NAME				
SURNAME	HAGONOS			
FIRST NAME	MARIBEL			
MIDDLE NAME	GODOY		(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	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC
			From	To			
ELEMENTARY	CAN-IPA ELEMENTARY SCHOOL	Primary Education	2000	2006	NA	2006	With Honors
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	High School	2006	2010	NA	2010	NA
VOCATIONAL / TRADE COURSE	SAINT MICHAEL COLLEGE of HINDANG LEYTE	Professional Education	2017	2018	21 units	2018	NA
COLLEGE	VISAYAS STATE UNIVERSITY	Bachelor of Science inAgribusiness	2010	2014	NA	2014	NA
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 8, 2023
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 08, 2023
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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			
	SOCIETY OF AGRIBUSINESS STUDENTS	7/6/2010	3/13/2014		MEMBER	
(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			
	Franchise Certification Training Program	09/19/2022	09/23/2022	40.0	Participant	Columbia Tower, Ortigas Ave. Mandaluyong
	GIFT OF MOBILITY: Updating Skills and Sharing of Good Practices in Pandemic Setting	08/03/2022	08/05/2022	24.0	Participant	Piazza Zicarelli, Gamu, Isabela
	Census of Population and Household CPH2020	08/03/2020	08/07/2020	45.0	Participant	WOMEN'S TRAINING CENTER BRGY. COGON BAYBAY LEYTE
	Bookkeeping NCIII	10/21/2019	12/12/2019	292.0	Scholar	ACLC COLLEGE OF ORMOC-Ormoc City
	Agricultural Crop Production NCII	07/17/2019	06/09/19	336.0	Scholar	GODOY'S ORGANIC LAND AND DIVERSIFICATION FARM- BRGY. KAN-IPA BAYBAY LEYTE
	Organic Agriculture Production NCII	09/03/2019	09/10/19	232.0	Scholar	GODOY'S ORGANIC LAND AND DIVERSIFICATION FARM- BRGY. KAN-IPA BAYBAY LEYTE
(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)	
	Writing				VSU ALUMNI ASSOCIATION, INC	
	Drawing				PAFTE Inc.	
	Dancing					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	February 08, 2023	

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)?	☐ YES ☒ NO ☐ YES ☒ NO If YES, give details: _____	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	☐ YES ☒ NO If YES, give details: _____ ☐ YES ☒ NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☒ NO If YES, give details: _____	
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?	☐ YES ☒ NO If YES, give details: _____	
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?	☐ YES ☒ NO If YES, give details: _____ ☐ YES ☒ NO If YES, give details: _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☒ NO If YES, give details (country): _____	
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?	☐ YES ☒ NO If YES, please specify: _____ ☐ YES ☒ NO If YES, please specify ID No: _____ ☐ YES ☒ NO If YES, please specify ID No: _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
Loreto Godoy	Baybay City, Leyte	0916-8381677
Merci Grace Fernandez	Baybay City, Leyte	0917-901-4405
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.		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PRC-LICENSE ID/License/Passport No.: 1804606 Date/Place of Issuance: 12/16/2019 ORMOC CITY	Signature (Sign inside the box) March 19, 2018 Date Accomplished	 PHOTO Right Thumbmark
SUBSCRIBED AND SWORN to before me this 17th day of April 2017, affiant exhibiting his/her validly issued government ID as indicated above.		
Person Administering Oath		