

# 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		Limpangog			
FIRST NAME		Rhea Mae		NAME EXTENSION (JR., SR)	
MIDDLE NAME		Carillo			
3. DATE OF BIRTH (mm/dd/yyyy)		09/11/1997		16. CITIZENSHIP	
				<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization	
4. PLACE OF BIRTH		Ormoc City		If holder of dual citizenship, Pls. indicate country:	
5. SEX		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		please indicate the details.	
6. CIVIL STATUS		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		17. RESIDENTIAL ADDRESS	
		<input type="checkbox"/> Other/s:		House/Block/Lot No. Street	
				Libertad	
				Subdivision/Village Barangay	
				Ormoc City Leyte	
				City/Municipality Province	
7. HEIGHT (m)		5'0		ZIP CODE 6541	
8. WEIGHT (kg)		41 kg		18. PERMANENT ADDRESS	
9. BLOOD TYPE		O		House/Block/Lot No. Street	
10. GSIS ID NO.		N/A		Libertad	
				Subdivision/Village Barangay	
11. PAG-IBIG ID NO.		121261698584		Ormoc City Leyte	
				City/Municipality Province	
12. PHILHEALTH NO.				ZIP CODE 6541	
13. SSS NO.		N/A		19. TELEPHONE NO. N/A	
14. TIN NO.		752-425-507		20. MOBILE NO. 09070450721	
15. AGENCY EMPLOYEE NO.		N/A		21. E-MAIL ADDRESS (if any) <a href="mailto:rheamae.limpangog@vsu.edu.ph">rheamae.limpangog@vsu.edu.ph</a>	

## 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				N/A	
OCCUPATION		N/A				N/A	
EMPLOYER/BUSINESS NAME		N/A				N/A	
BUSINESS ADDRESS		N/A				N/A	
TELEPHONE NO.		N/A				N/A	
24. FATHER'S SURNAME		Limpangog				N/A	
FIRST NAME		Patrecio		NAME EXTENSION (JR., SR)		N/A	
MIDDLE NAME		Arique		JR.		N/A	
25.						N/A	
SURNAME		Carillo				N/A	
FIRST NAME		Ma. Luzviminda				N/A	
MIDDLE NAME		Seblon				(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	Libertad Elementary School	Graduate	06/07/2004	03/01/2010			
	SECONDARY	New Ormoc City National High School	Graduate	06/07/2010	03/03/2014			
	VOCATIONAL / TRADE COURSE							
	COLLEGE	Eastern Visayas State University-Ormoc City Campus	BSEd-MAPEH	06/02/2014	03/10/2018			
	GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
		March 6, 2021	

#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

*(Continue on separate sheet if necessary)*

## V. WORK EXPERIENCE

[illegible]

<i>(Continue on separate sheet if necessary)</i>							
<b>SIGNATURE</b>				<b>DATE</b>		March 6, 2021	


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	N/A	
	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	
	N/A	N/A	N/A	N/A	N/A	
	N/A	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			
	Lecture-forum on Philosophy of the Human Person: Its role in the journey towards being truly Human	10/15/16	10/15/16	8.0		Dr. Rolando V. Musca
	Basic Volunteer Orientation Course (First Aid)	07/22/17	07/23/17	16.0		Eastern Visayas State University
	Practice Teaching Orientation Seminar	11/17/17	11/17/17	8.0		New Ormoc City National High School
(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)	
	Hilot Wellness Massage	Coach in Sports League 2017 (Badminton Tournament)			N/A	

Writing Poem	Officiating Officials in Sports League 2017 (Badminton Tournament)	N/A
Singing	Southern Philippines Championships Powerlifting (Bronze Medalist)	N/A
<i>(Continue on separate sheet if necessary)</i>		
<b>SIGNATURE</b>		<b>DATE</b> <b>March 6, 2021</b>

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____	
41. REFERENCES <span style="color: red;">(Person not related by consanguinity or affinity to applicant /appointee)</span>		
NAME	ADDRESS	TEL. NO.
Mrs. Maria Joanna Pacunla	Ormoc City	9209625439
Kag. Christy I. Cabonilas	Brgy. Libertad, Ormoc City	9464045647
Ms. Pia Trisha B. Dela Torre	Brgy. Libertad, Ormoc City	9464047345
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: <b>PRC ID</b>
ID/License/Passport No.: <b>1725136</b>

Signature (Sign inside the box)



PHOTO

Date/Place of Issuance: 01/15/19- Ormoc City

March 6, 2021

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath