## 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 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) PERSONAL INFORMATION 2. SURNAME BERMUEL NAME EXTENSION (JR., SR) FIRST NAME MARGIELOU MIDDLE NAME MAÑOZA 3. DATE OF BIRTH 7/25/1992 16. CITIZENSHIP FILIPINO (mm/dd/yyyy) 4. PLACE OF BIRTH JARO LEYTE If holder of dual citizenship, Pls. indicate country: N/A please indicate the details. 5 SEX FEMALE N/A 7. RESIDENTIAL ADDRESS NO. 4 **COLON ST** 6 CIVIL STATUS MARRIED House/Block/Lot PARI-AN N/A Subdivision/Vil Barangay CEBU CEBU 7. HEIGHT (m) 5'3 City/Municipality Province 8. WEIGHT (kg) 72 ZIP CODE 6000 18. PERMANENT ADDRESS LOT 18 BLOCK 1 AREA 1 PUROK 5 9. BLOOD TYPE 0 House/Block/Lot No UVHALL JUATON 10. GSIS ID NO. N/A ubdivision/Villa Barangay ORMOC LEYTE 11. PAG-IBIG ID NO 121083495064 City/Municipality Province 12. PHILHEALTH NO. 010518964548 ZIP CODE 6541 13. SSS NO. 3436556455 19. TELEPHONE NO. N/A 14. TIN NO. 313440728 20. MOBILE NO. 09183100551 / 09852717233 15. AGENCY EMPLOYEE NO. 0025010610 21. E-MAIL ADDRESS (if any) mmbermuel@gmail.com FAMILY BACKGROUND 22. SPOUSE'S SURNAME BERMUEL 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME LOUIS SHIREEN LOUISSE M BERMUEL 12/18/2013 MIDDLE NAME BOHOLST OCCUPATION UNEMPLOYED EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A TELEPHONE NO. N/A 24. FATHER'S SURNAME MAÑOZA NAME EXTENSION (JR., SR) FIRST NAME MABINI MIDDLE NAME **DE LOS ANGELES** 25. MOTHER'S MAIDEN NAME SURNAME **AMOSCO** FIRST NAME MARIA RIZALINA MIDDLE NAME MATARO (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND HIGHEST LEVEL/ UNITS EARNED SCHOLARSHIP PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE (Write in GRADUATED LEVEL (Write in full) (if not graduated) From To ELEMENTARY ORMOC CITY CENTRAL SPED CENTER ELEMENTARY 1998 2004 N/A 2004 N/A SECONDARY NEW ORMOC CITY NATIONAL HIGH SCHOOL HIGH SCHOOL 2004 2008 N/A 2008 N/A VOCATIONAL / N/A N/A N/A N/A N/A N/A TRADE COURSE BS IN HOTEL RESTAURANT AND TOURISM COLLEGE VISAYAS STATE UNIVERSITY 2012 N/A 2012 N/A 2008 MANAGEMENT **GRADUATE STUDIES** N/A N/A N/A N/A N/A N/A (Continue on separate sheet if necessary) SIGNATURE DATE 10/13/2023

. CARE	EER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINAT	ION / CONFE	RMENT	LICENSE (if ap	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  (If Applicable)  CAREER SERVICE PROFESSIONAL  83.3			CONFERMENT	TION / CONFERMENT		NUMBER	Date of Validity		
			3/26/2023	CEBU	CEBU CITY				
					\$ <sub>a</sub>				
					W)				
	EXPERIENCE vate employme	ent. Start from your recer		ontinue on separate sheet if on of duties should be		ed Work Ex	operience she	et.	
i. INCL (r	USIVE DATES mm/dd/yyyy)	POSITION TO	TLE	DEPARTMENT / AGENCY		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format 100-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV SERVI (Y/ N
From 2/2017	To PRESENT	SERVICE FULFILLMEN	T PROCCESSOR	LOANS ADMINISTRATION DEPARTMENT - CONSUMER BANKING GROUP AUTO-		26032.00	N/A	PERMANENT	NO
7/2016	9/7/2016	TELEPHONE OI	PERATOR	DEPLOYED IN CH MAKATI CITY /	11770.00	N/A	CONTRACTUA	NC	
/4/2012	11/29/2012	OFFICE CL	ERK	TRAVELER'S INSU	RANCE AND SURETY CORP / ORMOC	3000.00	N/A	CASUAL	NO
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VI. VOLUNTARY WORK OR INVOLVEM	ENT IN CIVIC / NON-GOVERNME	ENT / PEOPLE	/ VOLUNTAR	Y ORGANIZAT	TION/S	
29. NAME & ADDRESS	SS OF ORGANIZATION ite in full)	INCLU	USIVE DATES nm/dd/yyyy)	NUMBER OF HOURS	The state	. POSITION / NATURE OF WORK
NIA	-	N/A	N/A	N/A	N/A	
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		+	+			
VII. LEARNING AND DEVELOPMENT (L	( &D) INTERVENTIONS/TRAINING	(Continue on separa G PROGRAMS /	ite sheet if necess	sary)		
30. TITLE OF LEARNING AND DEVELOPMENT INTE		INCLUS ATT	SIVE DATES OF TENDANCE nm/dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/Supervisory/Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
SIGNATURE VERIFICATION	74.	From	То			
SIGNATURE VERIFICATION		9/21/2018	9/21/2018	8.0	N/A	BDO UNIBANK INC
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		+	+	+		
	7	+	+	+		
/III. OTHER INFORMATION	(Ce	Continue on separate	sheet if necessar	ry)		
31. SPECIAL SKILLS and HOBBIES	32. NOI	ON-ACADEMIC DIST	FINCTIONS / RECO	CONITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
READING BOOKS	34.	(Wri	rite in full)			(Write in full)
WATCHING DOCUMENTARIES		N/A	A			N/A
TRAVELLING	*					
				-		
SIGNATURE	kunnel	ontinue on separate	sheet if necessar	SUPPLY TO SE		
SIGNATURE	Kruml			DA	ATE	10/13/2023

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediated bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - C.)	NO NO			
	If YES, give details:			
35. a. Have you ever been found guilty of any administrative of	NO If YES, give details:			
b. Have you been criminally charged before any court?	NO If YES, give details: Date Filed: Status of Case/s:			
36. Have you ever been convicted of any crime or violation of by any court or tribunal?	NO If YES, give details:			
37. Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	NO If YES, give details:			
38. a. Have you ever been a candidate in a national or local e Barangay election)?	NO If YES, give details:			
b. Have you resigned from the government service during election to promote/actively campaign for a national or loc	NO If YES, give details:			
39. Have you acquired the status of an immigrant or permane	NO If YES, give details (country):			
7277); and (c) Solo Parents Welfare Act of 2000 (RA 897); a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	NO If YES, please specify: NO If YES, please specify ID No: NO If YES, please specify ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applie	cant /appointee)			
NAME	ADDRESS	TEL. NO.		
GYWNETH KYRA S PELAYO	PUNTA LABANGON CEBU CITY	9177757509		
ANTHONY T CENIZA	CABANCALAN MANDAUE CITY	9174553699		
ATTY KING ANTHONY PEREZ	CEBU CITY	9294743141		
42. I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized repre agree that any misrepresentation made in this do administrative/criminal case/s against me.	tinent laws, rules and regulations of the sentative to verify/validate the contents stat	Republic of the led herein.		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: UNIFIED MULTI PURPOSE ID  ID/License/Passport No.: 0111-6183487-1  Date/Place of Issuance: N/A	Signature (Sign inside the 10/13/2023 Date Accomplished	box) Right Thumbmark		
SUBSCRIBED AND SWORN to before me this  OOC. NO. 176  PAGE NO 37  BOOK NO. 20  SERIES OF 2013	3 HCT 2023	ting his/her validly issued government ID as valicated above.  ATTY VIOLATION YAP BED VIOLATION STATE OF THE PROPERTY OF THE COMPANY OF THE C		

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