

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	MORON		
FIRST NAME	MARIE KRIS		N/A
MIDDLE NAME	COVERO		
3. DATE OF BIRTH (mm/dd/yyyy)	4/6/1990	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	ORMOC CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Philippines	
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	#814 ST. MICHAEL STREET House/Block/Lot No. Street BRGY. DOÑA FELISA Z. MEJIA, SUBDIVISION Subdivision/Village Barangay ORmoc CITY LEYTE City/Municipality Province ZIP CODE 6541
7. HEIGHT (m)	1.4986 m	18. PERMANENT ADDRESS	#814 ST. MICHAEL STREET House/Block/Lot No. Street BRGY. DOÑA FELISA Z. MEJIA, SUBDIVISION Subdivision/Village Barangay ORmoc CITY LEYTE City/Municipality Province ZIP CODE 6541
8. WEIGHT (kg)	80	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	A+	20. MOBILE NO.	0998 462 9770
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	mariekrismoron@gmail.com
11. PAG-IBIG ID NO.	1210-9233-4993		
12. PHILHEALTH NO.	13-025129204-4		
13. SSS NO.	06-3223728-3		
14. TIN NO.	418-291-536		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

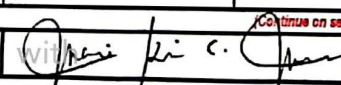
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR, SR)		N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MORON			
FIRST NAME	BERLITO			
MIDDLE NAME	FLORES			
25. MOTHER'S MAIDEN NAME	COVERO			
SURNAME	COVERO			
FIRST NAME	MARIANELA			
MIDDLE NAME	TENEBRO			

(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 any)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	STO. NIÑO COLLEGE		1996	2002		2002	SALUTATORI AN
SECONDARY	STO. NIÑO COLLEGE		2003	2006		2006	3RD HONOR
VOCATIONAL / TRADE COURSE							
COLLEGE	SOUTHWESTERN UNIVERSITY	BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY	2007	2010		2010	
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE 

DATE

August 26, 2020

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

Include private employment. Start from your recent work. Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

DATE

August 26, 2020

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		
JESUS THE REDEEMER COVENANT COMMUNITY FATIMA COGON, ORMOC CITY	9/15/2015	PRESENT	N/A	COMMUNITY MEMBER / YOUTH LEADER
STUDENT COUNCIL ORGANIZATION (STO. NIÑO COLLEGE)	6/1/2003	3/1/2004	N/A	SECOND YEAR REPRESENTATIVE
THE GOLDEN CHRONICLE	6/1/2003	3/1/2004	N/A	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		NUMBER OF HOURS	Type of LD (Managerial/Supervisory/Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
MID YEAR PRE-CONVENTION	5/22/2019	5/22/2019	8 HOURS	PRECONVENTION SEMINAR	PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGIST
MID YEAR CONVENTION	5/22/2019	5/25/2019	8 HOURS	CONVENTION SEMINAR	PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGIST
NATIONAL EXTERNAL QUALITY ASSESSMENT IN HEMATOLOGY AND CHEMISTRY	10/18/2016	10/19/2016	8 HOURS	ORIENTATION/UPDATE	DEPARTMENT OF HEALTH
POINT OF CARE TESTING SEMINAR	10/3/2014	10/3/2014	8 HOURS	SEMINAR	ROCHE (PHILIPPINES), INC.
HOW TO ENSURE EXCELLENT EXTERNAL QUALITY ASSESSMENT RESULT	6/9/2014	6/9/2014	8 HOURS	QUALITY CONTROL PROGRAM	LIFELINE DIAGNOSTICS SUPPLIES INC.
MEDICAL TECHNOLOGIST VOLUNTEER	09/1/2010	10/1/2010	8 HOURS	VOLUNTEER STAFF	ORMOC POLYMEDIC & DIAGNOSTIC CLINIC
MEDICAL TECHNOLOGY INTERNSHIP	04/01/2010	5/1/2010	8 - 16 HOURS	MED TECH INTERN	VISAYAS COMMUNITY MEDICAL CENTER
MEDICAL TECHNOLOGY INTERNSHIP	1/1/2010	3/1/2010	8 - 16 HOURS	MED TECH INTERN	VICENTE SOTTO MEMORIAL MEDICAL CENTER
MEDICAL TECHNOLOGY INTERNSHIP	11/1/2009	12/001/2009	8 - 16 HOURS	MED TECH INTERN	SACRED HEART HOSPITAL

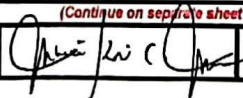
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VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
SINGING		JESUS THE REDEEMER COVENANT COMMUNITY CHOIR (MOTHER OF THE REDEEMER PARISH)
LAUNDRYING		
COMPUTER LITERATE		
SIMPLE GUITAR PLAYING		
SIMPLE GARDENING / PLANTING		
SIMPLE DRAWING		

(Continue on separate sheet if necessary)

SIGNATURE



DATE

AUGUST 26, 2020

4. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the 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?

☐ YES ☒ NO

If YES, give details: _____

b. Have you been criminally charged before any court?

☐ 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)?

☐ YES ☒ NO

If YES, give details: _____

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: _____

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

a. Are you a member of any indigenous group?

☐ YES ☒ NO

If YES, please specify: _____

b. Are you a person with disability?

☐ YES ☒ NO

If YES, please specify ID No: _____

c. 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.
ENGR. ESTEBAN V. LAURENTE	ORMOC CITY	09393979717
DR. ROGELIO G. MARSON	ORMOC CITY	09285549798
DELIA D. CORBO, RSW, MPA	ORMOC CITY	09231835533

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.



PHOTO

Government issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PHILIPPINE REGULATION COMMISSION (PRC)

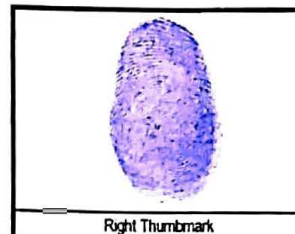
ID/License/Passport No.: 0056874

Date/Place of Issuance: 04/13/2011

Signature (Sign inside the box)

AUGUST 26, 2020

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