

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	SEVILLA		
FIRST NAME	MARYNELLE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	LABRADOR		
3. DATE OF BIRTH (mm/dd/yyyy)	1995-10-10	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	SANTA FE, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
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	N/A House/Block/Lot No. N/A Subdivision/Village SANTA FE City/Municipality ZONE 6 Street SAN ISIDRO Barangay LEYTE Province
7. HEIGHT (m)	1.5	ZIP CODE	6513
8. WEIGHT (kg)	58	18. PERMANENT ADDRESS	N/A House/Block/Lot No. N/A Subdivision/Village SANTA FE City/Municipality ZONE 6 Street SAN ISIDRO Barangay LEYTE Province
9. BLOOD TYPE	O	ZIP CODE	6513
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121142572061	20. MOBILE NO.	+639927329307
12. PHILHEALTH NO.	13-050170701-6	21. E-MAIL ADDRESS (if any)	minellesevilla1995@gmail.com
13. SSS NO.	06-3592680-5		
14. TIN NO.	467-183-841		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

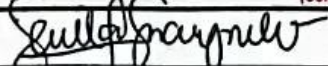
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)		N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	SEVILLA			
FIRST NAME	RONILJO	SR		
MIDDLE NAME	CACA			
25. MOTHER'S MAIDEN NAME				
SURNAME	LABRADOR			
FIRST NAME	EDEN			
MIDDLE NAME	CABRERA			

(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	SAN ISIDRO ELEMENTARY SCHOOL	ELEMENTARY	2002	2008	N/A	2008	VALEDICTORIAN
SECONDARY	SANTA FE NATIONAL HIGH SCHOOL	HIGH SCHOOL	2008	2012	N/A	2012	SALUTATORIAN
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	UNIVERSITY OF THE PHILIPPINES VISAYAS TACLOBAN CAMPUS	BACHELOR OF SCIENCE IN POLITICAL SCIENCE	2012	2012	FIRST YEAR FIRST SEMESTER	N/A	N/A
	EASTERN VISAYAS STATE UNIVERSITY MAIN CAMPUS	BACHELOR OF SCIENCE IN ACCOUNTANCY	2018	2019	FIRST YEAR	N/A	N/A
	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	BACHELOR OF SCIENCE IN ACCOUNTANCY	2019	2022	N/A	2022	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 02, 2024
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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 02, 2024	

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word *Present*, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: February 16, 2023 – present
- Position: Finance Associate (Eastern Visayas)
- Name of Office/Unit: Finance Department
- Immediate Supervisor: Hannah Thea Agner
- Name of Agency/Organization and Location: PH GLOBAL JET EXPRESS INC. (BSL) TACLOBAN CITY
- List of Accomplishments and Contributions (if any)
 - N/A
- Summary of Actual Duties
 - Responsible for closely monitoring all the expenses made by all the branches in Southern and Western Leyte.
 - Provides assistance to all the branches handled for business permit renewal.
 - Responsible for the proper liquidation of all the expenses paid and incurred by all the branches handled.
 - Provides assistance to all the branches handled regarding finance matters.
 - Monitors and make sure that handled branches submit reports and deliverables on time.
 - Makes transmittal of ORs and other important documents to headquarters office in Bicol 3 times a week or when the need arises.


MARYNELE SEVILLA

(Signature over Printed Name of Employee/Applicant)

Date: Feb. 2, 2024

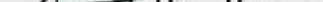
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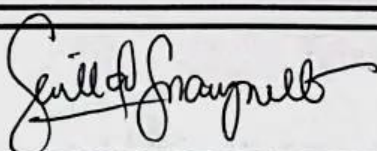

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
ORGANIZATIONAL SKILLS	N/A	JUNIOR PHILIPPINE INSTITUTE OF ACCOUNTANTS
ANALYTICAL SKILLS		SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES ALUMNI ASSOCIATION
LEADERSHIP SKILLS		NATIONAL INSTITUTE OF ACCOUNTING TECHNICIANS
COMMITMENT FOR SERVICE		
TIME MANAGEMENT SKILLS		
FOREIGN LANGUAGES		
LEARNING NEW SKILLS AND UPSKILLING		

SIGNATURE		DATE	
		February 08, 2024	

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 checked="" 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 checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Studies _____	
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 (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
HANNAH THEA AGNER	SUNNYVILLE SUBD SAN JOSE TACLOBAN CITY	09357818737
MICHELLE TORREROS	BRGY. ZONE 4 SANTA FE, LEYTE	09396973188
KIMBERLY PABILANDO	CALUBIAN SOUTHERN LEYTE	09518173223
MIKEE ROSILLO	BRGY. ZONE 1 SANTA FE, LEYTE	09457338945
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	 Signature (Sign inside the box) FEBRUARY 02, 2024 Date Accomplished	 MARYNELLE L. SEVILLA
Government Issued ID: UMID ID		
ID/License/Passport No.: CRN-0111-6545334-2		
Date/Place of Issuance: TACLOBAN CITY		
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div>Person Administering Oath</div>		