



1. SURNAME		B O L E C H E																																											
FIRST NAME		J O A N A H		L O U I E L A																																									
MIDDLE NAME		O R A P A																				2. NAME EXTENSION (e.g. Jr., Sr.)																							
3. DATE OF BIRTH (mm/dd/yyyy)				10/21/1995				11. PRESENT ADDRESS										BGY. MASLUG, BAYBAY CITY, LEYTE																											
4. PLACE OF BIRTH				TACLOBAN CITY																																									
5. SEX				<input type="checkbox"/> Male <input type="checkbox"/> Female																																									
6. CIVIL STATUS				<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed				12. ZIP CODE										6521																											
				<input type="checkbox"/> Married <input type="checkbox"/> Separated				13. TEL. NO./CEL. NO.										09354145564																											
				<input type="checkbox"/> Annulled <input type="checkbox"/>				14. PHILHEALTH NO.										13-025494812-9																											
7. CITIZENSHIP				FILIPINO				9. WEIGHT (kg)								15. TIN										723-651-962																			
8. HEIGHT (m)								10. BLOOD TYPE				B				16. PAG-IBIG ID NO.										121230113607																			
17. SPOUSE'S SURNAME				N/A														18. NAME OF CHILD (Write full name and list all)										DATE OF BIRTH (mm/dd/yyyy)																	
				FIRST NAME N/A																																									
				MIDDLE NAME N/A																																									
19. HIGHEST EDUCATIONAL ATTAINMENT (Please check and underline the specific)				[] Elementary (Grade ____ / Graduated)																																									
				[] High School (1st, 2nd, 3rd, 4th, Graduated)																																									
				[] College (1st, 2nd, 3rd, 4th, Graduated) Degree: BS IN MANAGEMENT																																									
20. CAREER SERVICE ELIGIBILITY				<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Sub-Professional <input type="checkbox"/> Others, Specify:																																									
21. WORK EXPERIENCE INCLUSIVE DATES (mm/dd/yyyy)				POSITION TITLE (Write in full)				DEPARTMENT / AGENCY / OFFICE / COMPANY / PROJECT (Write in full)				SALARY (Daily or Monthly)				STATUS OF APPOINTMENT (Perm/Temp/ Job Order)				GOVT SERVICE (Yes / No)																									
From To				ADMINISTRATIVE AIDE III				ACCOUNTING OFFICE VISAYAS STATE UNIVERSITY				603.40 DAILY				JO				NO																									
01 / 01 / 2023 PRESENT				ADMINISTRATIVE AIDE I				ACCOUNTING OFFICE VISAYAS STATE UNIVERSITY				553.40 DAILY				JO				NO																									
07 / 20 / 2020 01 / 20 / 2021				CENSUS AREA SUPERVISOR				PHILIPPINE STATISTICS AUTHORITY - LEYTE PSO				15,000				MOA				NO																									
22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)				Proficiency (Please check)														REMARKS																											
				Highly Skilled				Average				Fair																																	
COMPUTER SKILLS (MS OFFICE, ETC.)								/ /																																					
ORAL AND WRITTEN COMMUNICATION SKILLS								/ /																																					
23. RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED (Write in full)				INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)				NUMBER OF HOURS				CONDUCTED/ SPONSORED BY (Write in full)																																	
				From To																																									
ISO 9001:2015 AWARENESS/RE-AWARENESS SEMINA				08 / 30 / 2022		08 / 31 / 2022		8				VISAYAS STATE UNIVERSITY																																	
HANDS-ONLY CARDIOPULMONARY RESUSCITATION				07 / 21 / 2022		07 / 22 / 2022		4				DEPARTMENT OF HEALTH - HEM AND VSU																																	
4TH LEVEL TRAINING ON 2020 CENSUS ON POPULATION AND HOUSING				08 / 10 / 2020		08 / 10 / 2020		48				PHILIPPINE STATISTICS AUTHORITY - LEYTE PSO																																	
3RD LEVEL TRAINING ON 2020 CPH				07 / 20 / 2020		07 / 25 / 2020		48				PHILIPPINE STATISTICS AUTHORITY - LEYTE PSO																																	
GLOBAL COMMUNICATIONS TRAINING				03 / 25 / 2019		04 / 28 / 2019		160				EPERFORMAX BPO AND CONTACT CENTER																																	
I hereby declare that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.																																													
24. COMMUNITY TAX CERTIFICATE NO. 18930684 ISSUED AT: BAYBAY CITY ISSUED ON (mm/dd/yy): JANUARY 10, 2023																																													
SIGNATURE:  DATE ACCOMPLISHED: (mm/dd/yyyy) 04/25/2023																																													

[illegible]

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

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

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	04/25/2023

Maluku

DATE _____

04/25/2023

VI. SPECIAL SKILLS

22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency (Please check)			REMARKS
	Highly Skilled	Average	Fair	

VII. TRAINING PROGRAMS (Start from the most recent training.)

23. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		
	/ /	/ /		
	/ /	/ /		

24. Are you related by consanguinity or affinity to any of the following :

a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/ department or person who has immediate supervision over you in the Office, Department/Project where you will be appointed?

☐ YES ☐ NO

If YES, give details: _____

25. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)


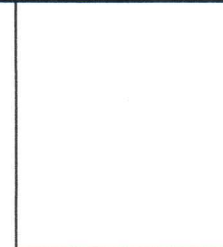
NAME	ADDRESS	TEL. NO.
Michael Rudolph B. Falle	Head Census Area Supervisor, PSA-Tacloban	9171062588
Louella C. Ampac	Finance Director, VSU	9175423297
Mary Ellen Ambos	Team Lead, Cebu City	9988441362

PLEASE PASTE an ID picture taken within the last 6 months (1"x1" or 2" x 2" or Passport Size) (REQUIRED)

26. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

PHOTO

COMMUNITY TAX CERTIFICATE NO.			
ISSUED AT			SIGNATURE (Sign inside the box)
/ /			DATE ACCOMPLISHED
ISSUED ON (mm/dd/yyyy)	04-25-2023	RIGHT THUMBMARK (REQUIRED)	