Revised 2017	P	ERSO	VAL DAT	A SH	EET	Γ				
WARNING: Any misrepresentati	on made in the Personal Da	ata Sheet and the W	ork Experience Sheet shall	cause the filin	g of adminis	strative/crim	inal case/s again	st the person	concerned.	
READ THE ATTACHED GUIDE T						1. CS ID No.		(Do not fill up. F	For CSC use only)	
. PERSONAL INFORMATION										
2. SURNAME	SUMABAT									
FIRST NAME	MADELINE						NAME EXTENSION (JR	, SR)		
MIDDLE NAME	BALUGO									
3. DATE OF BIRTH (mm/dd/yyyy)	08/22/2001 16. CITIZENSHIP				☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization					
4. PLACE OF BIRTH	MAASIN CITY,	MAASIN CITY, LEYTE If holder of dual citizenship			Pls. indicate country:					
5. SEX	Male	✓ Female	please indicate the de	etails.	Philippines				•	
6 CIVIL STATUS	✓ Single ☐ Widowed ☐ Other/s:	Married Separated	17. RESIDENTIAL ADDRESS		se/Block/Lot No		BUN	GCARAS STREE Street STO. NINO	T	
7. HEIGHT (m)	1.5			Sut	bdivision/Village SAN JUAN	9	Barangay DUTHERN LEYTE			
8. WEIGHT (kg)	60		ZIP CODE	Ci	City/Municipality Province 6611					
***			18. PERMANENT ADDRESS					GCARAS STREE	T	
9. BLOOD TYPE	N/A				se/Block/Lot No.			Street STO. NINO		
10. GSIS ID NO.	N/A			Subdivision/Village				Barangay		
11. PAG-IBIG ID NO.	N/A		C		SAN JUAN ity/Municipality			SOUTHERN LEYTE Province		
12. PHILHEALTH NO.	N/A		ZIP CODE	6611			6611	:11		
13. SSS NO.	N/A		19. TELEPHONE NO.		N/A					
4. TIN NO.	672-636-899-	-00000	20. MOBILE NO.	+639311527001						
5. AGENCY EMPLOYEE NO.	N/A 21. E-MAIL ADDRESS (if any)			madelinesumabat17@gmail.com						
II. FAMILY BACKGROUND										
					_					
22. SPOUSE'S SURNAME		N/A	NAME EXTENSION (JR. SR)	23. NAME of CH	,		list all)		TH (mm/dd/yyyy)	
22. SPOUSE'S SURNAME FIRST NAME	N/A		NAME EXTENSION (JR., SR)	23. NAME of CH	,	full name and	list all)		TH (mm/dd/yyyy)	
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	N/A	N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	,		list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION	N/A	N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CHI	,		list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME	N/A	N/A N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CHI	,		list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS	N/A	N/A N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CHI	,		list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO.		N/A N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CHI	,		list all)			
P22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME	SUMABAT	N/A N/A N/A		23. NAME of CHI	,		list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS		N/A N/A N/A	NAME EXTENSION (JR., SR) JR.	23. NAME of CHI	,		list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME	SUMABAT FELIPE	N/A N/A N/A		23. NAME of CHI	,		list all)			
22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	SUMABAT FELIPE	N/A N/A N/A		23. NAME of CHI	,		list all)			
PEZ. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME	SUMABAT FELIPE PACALDO	N/A N/A N/A		23. NAME of CHI	,		list all)			
PIRST NAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME SURNAME	SUMABAT FELIPE PACALDO BALUGO	N/A N/A N/A		23. NAME of CHI		N/A	list all)	N		
PIRST NAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME	SUMABAT FELIPE PACALDO BALUGO ANTONIETA YAMSON	N/A N/A N/A		23. NAME of CHI		N/A		N		
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME	SUMABAT FELIPE PACALDO BALUGO ANTONIETA YAMSON	N/A N/A N/A N/A N/A			(Ca	N/A		N		
PIRST NAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME FIRST NAME MIDDLE NAME	SUMABAT FELIPE PACALDO BALUGO ANTONIETA YAMSON ROUND	N/A N/A N/A N/A N/A N/A	JR. BASIC EDUCATION/DEGRE		(CO	N/A continue on sej attendance To	parate sheet if neces HIGHEST LEVEL/ UNITS EARNED	sary)	SCHOLARSHIP/ ACADEMIC HONORS	
PIRST NAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME FIRST NAME MIDDLE NAME FIRST NAME LEVEL	SUMABAT FELIPE PACALDO BALUGO ANTONIETA YAMSON ROUND NAME OF SCI (Write in fu	N/A N/A N/A N/A N/A N/A MHOOL MENTARY SCHOOL	JR. BASIC EDUCATION/DEGRE (Write in full)		(Co	ontinue on sej	Darate sheet if neces HIGHEST LEVEL/ UNITS EARNED (if not graduated)	sary) YEAR GRADUATED 2014	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED FOURTH HONORBLE	
PIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME LEVEL ELEMENTARY	SUMABAT FELIPE PACALDO BALUGO ANTONIETA YAMSON ROUND NAME OF SCI (Write in fu	N/A N/A N/A N/A N/A N/A MHOOL MENTARY SCHOOL	JR. BASIC EDUCATION/DEGRE (Write in full) PRIMARY EDUCATION		PERIOD OF A From 06/01/2007	ontinue on sej	Darate sheet if neces HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATE	sary) YEAR GRADUATED 2014 2020	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED FOURTH HONORABLE MENTION WITH	
PIRST NAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 55. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME LEVEL ELEMENTARY SECONDARY VOCATIONAL /	SUMABAT FELIPE PACALDO BALUGO ANTONIETA YAMSON ROUND NAME OF SCI (Write in fu	N/A N/A N/A N/A N/A N/A HOOL JIII) MENTARY SCHOOL	JR. BASIC EDUCATION/DEGRE (Write in full) PRIMARY EDUCATION SENIOR HIGH SCHOOL	EE/COURSE	From 06/01/2007 06/01/2014 N/A	N/A continue on sej ATTENDANCE To 04/01/2014 06/01/2020	HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATE GRADUATE	sary) YEAR GRADUATED 2014 2020 N/A	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED FOURTH HONORABLE MENTION WITH HONORS	
PIRST NAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME LEVEL ELEMENTARY SECONDARY VOCATIONAL / TRADE COURSE	SUMABAT FELIPE PACALDO BALUGO ANTONIETA YAMSON ROUND NAME OF SCI (Write in fu	N/A N/A N/A N/A N/A N/A HOOL JIII) MENTARY SCHOOL	JR. BASIC EDUCATION/DEGRE (Write in full) PRIMARY EDUCATION SENIOR HIGH SCHOOL N/A	EE/COURSE	From 06/01/2007 06/01/2014 N/A	N/A Continue on sej ATTENDANCE To 04/01/2014 06/01/2020 N/A 08/06/2024	HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATE GRADUATE N/A	sary) YEAR GRADUATED 2014 2020 N/A 2024	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED FOURTH HONORABLE MENTION WITH HONORS N/A COLLEGE	

IV. CIVIL SE	ERVICE ELIG	BILITY							
27. CAREE	ER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	oplicable)
SDECIAL LAWS/ CES/ CSEE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ION / CONFERMENT		NUMBER	Date of Validity	
RA 1080 80.0		80.0	November 12-14, 2025	Cebu City			0047676	08/22/2028	
			(Con	ntinue on separate sheet	if necessary)				
	XPERIENCE	nt Start from your recen	t work) Description	n of duties should h	e indicated in the attache	d Work Eyn	arianca shaat		
28. INCLU	ISIVE DATES	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	m/dd/yyyy) To	(Write in full/Do not		(Write in ful	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/ N)	
12/02/2024	Present	ADMINISTRATI	IVE AIDE		unicipal Agricultural ervices	7500.00	N/A	Contractual	Yes
					0111000				
			(Cor	ntinue on separate sheet	if necessary)				
SIGNA	TURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DATE		AUGUST 19, 202	25	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OF (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS	s POSITION / NATURE OF WORK		
Parish Renewal Experience			Present	3.0		Member	
VII I FARNING AND DEVELOPMENT (L&D.)	•	tinue on separate s	• • • • • • • • • • • • • • • • • • • •				
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
OK sa OA: Organic Agriculture Program Information C	aravan and Orientation of	From 08/14/2025	To 08/14/2025	8 Hours	Foundation	Department of Agriculture- Region Field Office 8	
Participatory Guarantee System (PGS) Training on Jackfruit Propagation and Agricultural Cul	tivation Practices	07/31/2025			Supervisory	Provincial Environment and Natural Resources	
Livelihood Training on corn Production for Rural-Base		07/28/2025	07/30/2025		Supervisory	Management Office Provincial Agricultural Services Offices	
Livelinood Haining on com Floduction for Rural-base	u Oranizations (RBO's)	07/20/2023	07/30/2023	24 Hours	Supervisory	Provincial Agricultural Services Offices	
		1	I				
	(Con:	tinue on separate s	sheet if necessary				
(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)	
Microsoft Office Skills	N/A					Philippine Association of Agriculturists, Inc.	
Simple Graphic Design							
Basic Operation of Agricultural Machinery							
Scientific Research Skills							
Cooking							
Eating							
CIONATURE	(Con	tinue on separate s	sheet if necessary		A T.F.	AUGUST 40, 2227	
SIGNATURE				D/	ATE	AUGUST 19, 2025	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offe	☐ 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 an any court or tribunal?	☐ YES ☑ NO If YES, give details:					
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:					
38.	a. Have you everb. Have you resigned from the government service during the election to promote/actively campaign for a national or local o	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability?	☐ YES If YES, please specify: ☐ YES If YES, please specify IE	✓ 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 /a	appointee)					
	NAME	ADDRESS	TEL. NO.	ID picture taken within the last 6 months			
	Maria Elena L. Basong	Sto. Nino, San Juan, So. Leyte	9182670641	4.5 cm. X 3.5 cm (passport size)			
	Aiza C. Oracion	Baybay City, Leyte	9639629644	Computer generated			
	Alfredo Joel Ruales	Abuyog, Leyte	9063193163	or photocopied picture is not acceptable			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represer agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ent laws, rules and regulations of the natative to verify/validate the contents state	Republic of the ed herein.	РНОТО			
PL Go	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: License/Passport No.:	Signature (Sign inside the bo	ox)				
Da	tte/Place of Issuance:	Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued go	overnment ID as indicated above.			
		h	CS EODM 312 (Paying 2017) Page 4 of 4				