

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	Collera		
FIRST NAME	Ibe Rose	n/a	
MIDDLE NAME	Lemit		
3. DATE OF BIRTH (mm/dd/yyyy)	6/5/1995	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	Saint Bernard, Southern 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:		
7. HEIGHT (m)	1.4 m	17. RESIDENTIAL ADDRESS	BLK 23.LOT 25 House/Block/Lot No. Street Sitio Palao Canlubang Subdivision/Village Barangay Calamba City Laguna City/Municipality Province
8. WEIGHT (kg)	45 kg	ZIP CODE	4027
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	Purok 1 Sampaguita House/Block/Lot No. Street Mahayahay Barangay Subdivision/Village Saint Bernard Southern Leyte City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6616
11. PAG-IBIG ID NO.	9200-7229-5852	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	13-025509550-2	20. MOBILE NO.	09174346340
13. SSS NO.	34-9350898-3	21. E-MAIL ADDRESS (if any)	ibeecollera@gmail.com
14. TIN NO.	725-534-613		
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	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	Collera			
FIRST NAME	Bienvenido	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Alcala			
25. MOTHER'S MAIDEN NAME				
SURNAME	Lemit			
FIRST NAME	Irenia			
MIDDLE NAME	Enso		(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	SAINT BERNARD CENTRAL SCHOOL	ELEMENTARY DIPLOMA	6/25/2003	4/15/2008		2008	CLASS VALEDICTORIAN
SECONDARY	SAINT JOSEPH COLLEGE	HIGH SCHOOL DIPLOMA	6/5/2008	4/1/2012		2012	LEADERSHIP AWARDEE
VOCATIONAL / TRADE COURSE	MORNINSIDE FARMS/ COSTALES NATURE FARMS	ORGANIC AGRICULTURE PRODUCTION NC II AGROENTREPRENEURSHIP NCIII	3/1/2018 5/25/2019	4/18/2018 5/27/2019		2018 2019	COMPETENT
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	6/15/2015	4/15/2018		2018	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	9/1/2020
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

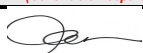
(Continue on separate sheet if necessary)






V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	9/1/2020
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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			
	TAU OMEGA MU FRATERNITY AND THE LADIES CIRCLE (VISAYAS STATE UNIVERSITY CHAPTER)	8/15/2016	4/15/2017	1 HR/DAY	VICE GRAND MISTRESS	
	TAU OMEGA MU FRATERNITY AND THE LADIES CIRCLE (VISAYAS STATE UNIVERSITY CHAPTER)	4/15/2017	4/15/2018	1 HR/DAY	RESIDENCE/MEMBER	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ENHANCEMENT TRAINING ON AGRIBUSINESS MANAGEMENT	5/25/2019	5/28/2019	32.0	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE
	INTEGRATED ORGANIC AGRICULTURE with EM TECHNOLOGY BENCHMARKING ACTIVITY	11/12/2018	12/12/2018	16.0	TECHNICAL	CAVITE PROVINCIAL TOURISM
	TRAINING ON DIVERSIFIED ORGANIC FARMING SYSTEM	1/30/2018	2/2/2018	24.0	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE
	DIGITAL MARKETING LITERACY	11/16/2017	11/16/2017	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	INVESTMENT LITERACY SEMINAR	9/16/2017	9/16/2017	8.0	MANAGERIAL	CHINA BANK CORPORATION
	ENTREPRENEURSHIP and EXPORT COMPETITIVENESS SEMINAR	3/17/2017	3/17/2017	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	ORIENTING ONESLF TO ENVIRONMENTALLY SUSTAINABLE WORK STANDARD	4/19/2020	4/19/2020	8.0	MANAGERIAL	TECHNICAL EDUCATION AND SKILLS DA
	RECEIVING AND RESPONDING TO WORKPLACE COMMUNICATION	4/21/2020	4/21/2020	8.0	SUPERVISORY	TECHNICAL EDUCATION AND SKILLS DA
	UTILIZE ELECTRONIC MEDIA IN FACILITATING TRAINING	3/5/2020	3/5/2020	8.0	SUPERVISORY	TECHNICAL EDUCATION AND SKILLS DA
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	HIKING	N/A			TAU OMEGA MU FRATERNITY AND THE LADIES CIRCLE (VISAYAS STATE	
	HOSTING					
	ORGANIC FARMING					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	9/1/2020	

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>JOVIEL R. TEVES</td> <td>VISAYAS STATE UNIVERSITY BAYBAY CITY LEYTE</td> <td>0917-5609-183</td> </tr> <tr> <td>Dr. FREDDIE LETEGIO</td> <td>MUNICIPAL HEALTH OFFICER</td> <td>0917-3225-621</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JOVIEL R. TEVES	VISAYAS STATE UNIVERSITY BAYBAY CITY LEYTE	0917-5609-183	Dr. FREDDIE LETEGIO	MUNICIPAL HEALTH OFFICER	0917-3225-621			
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PHILIPPINE PASSPORT</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>P3911520B</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>DFA NCR SOUTH (11/21/2019)</td> </tr> </table>	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 PASSPORT	ID/License/Passport No.:	P3911520B	Date/Place of Issuance:	DFA NCR SOUTH (11/21/2019)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) </td> </tr> <tr> <td style="text-align: center;"> 9/1/2020 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box)	9/1/2020 Date Accomplished
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<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  PHOTO </div> <div style="text-align: center;">  Right Thumbmark </div> </div>													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 250px; height: 60px; margin: 10px auto; text-align: center; line-height: 60px;"> Person Administering Oath </div>													