

# 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	LEBANTE		
FIRST NAME	MERLIN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ROBLEDO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/31/1992	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	BRGY. KAGUMAY BAYBAY 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	LOWER House/Block/Lot No. Street Subdivision/Village KAMBONGGAN BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.52	18. PERMANENT ADDRESS	LOWER House/Block/Lot No. Street Subdivision/Village KAMBONGGAN BAYBAY LEYTE City/Municipality Province
8. WEIGHT (kg)	55	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	B+	20. MOBILE NO.	09073292181
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	merlin.lebante08@gmail.com
11. PAG-IBIG ID NO.	121154376676		
12. PHILHEALTH NO.	13025340974-7		
13. SSS NO.	06-3738590-7		
14. TIN NO.	325-295-383-000		
15. AGENCY EMPLOYEE NO.			

## 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	N/A			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	LEBANTE			
FIRST NAME	ZACARIAS	NAME EXTENSION (JR., SR)		
MIDDLE NAME	RELLAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	ROBLEDO			
FIRST NAME	MARIA FE			
MIDDLE NAME	COLANGO			

## 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	KAMBONGGAN ELEMENTARY SCHOOL	Primary Education	2000	2005		2005	2nd Honorable Mention
SECONDARY	MAKINHAS NATIONAL HIGH SCHOOL	Secondary Education	2006	2009		2009	N/A
VOCATIONAL / TRADE COURSE	ACEDILLA TECHNOLOGICAL INSTITUTE	Bartending NCII	2010	2010		2010	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	Bachelor of Science In Agribusiness	2012	2015		2015	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	Master of Management, Major In Agribusiness	2018	2019	18 units		

(Continue on separate sheet if necessary)	
SIGNATURE	DATE
	July 8, 2024




[illegible]

## V. WORK EXPERIENCE







[illegible]

SIGNATURE		DATE	
		July 8, 2024	



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			
N/A						
(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			
	Sparkling Spaces: Mastering the Art of Housekeeping Training	5/22/2024	5/22/2024	8 hrs		HRMO
	Unlocking Excellence: The 5S Revolution for Clerks and Heads Seminar-Workshop	11/29/2023	11/29/2023	8 hrs		HRMO
	Training-Workshop on Risk Assessment	9/11/2023	9/12/2023	24 hrs		VSU-OVPPRGAS
	ISO 9001: 2015 Awareness/Re-awareness Webinar	8/29/2023	8/29/2023	8 hrs		VSU-QAC / OP
	Training-Workshop on Risk Assessment	11/24/2022	11/25/2022	24 hrs		VSU-OVPPRGAS/OVPAF
	Monitoring of Accomplishment CY 2021	11/18/2021	11/18/2021	3 hrs		VSU-OVPPRGAS
	Virtual Awareness Seminar on RA No. 11032 of the Ease of Doing Business and Efficient Government Service Delivery Act of 2018	7/21/2021	7/21/2021	4 hrs		Office of Legal Officer and the Office of the Director of Human Resource Management
	Webinar presentation on Documents Tracking System	11/13/2020	11/13/2020	3 hrs		VSU HRIS /OVPAF
	Training on Identification of proper and complete Items Technical Specification and parameters and Orientation of the Purchase Request (PR) Module of the SPPMIS	8/28/2020	8/28/2020	8 hrs		VSU-OVPPRGAS
	ISO 9001: 2015 Awareness/Re-awareness Webinar	11/27/2020	11/27/2020	8 hrs		VSU-QAC
	ALERT Communication Planning	1/21/2019	1/21/2019	8 hrs		OXFAM Philippines
	Communities for Resilience (CORE) Modular Training Program	8/14/2018	8/17/2018	24 hrs		Climate Change Commission
(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)		
	Administrative Skills	None		None		
	Document Controller					
	Photography					
	Marketing Skills					
	Photo Editing & Layouting (Lightroom, CANVA)					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	July 8, 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 type="checkbox"/> YES <input checked="" type="checkbox"/> 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)?  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)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>EDUARDO O. MANGAOANG</td><td>BRGY. MARCOS BAYBAY CITY, LEYTE</td><td>09283496489</td></tr><tr><td>GUIRALDO C. FERNANDEZ JR.</td><td>VSU BAYBAY CITY LEYTE</td><td>09224009161</td></tr><tr><td>DENNIS P. PEQUE</td><td>BRGY. PANGASUGAN BAYBAY CITY, LEYTE</td><td>09277062843</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	EDUARDO O. MANGAOANG	BRGY. MARCOS BAYBAY CITY, LEYTE	09283496489	GUIRALDO C. FERNANDEZ JR.	VSU BAYBAY CITY LEYTE	09224009161	DENNIS P. PEQUE	BRGY. PANGASUGAN BAYBAY CITY, LEYTE	09277062843
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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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: UMID</td></tr><tr><td>ID/License/Passport No.: CRN-0111-6902499-7</td></tr><tr><td>Date/Place of Issuance: ORMOC CITY</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: UMID	ID/License/Passport No.: CRN-0111-6902499-7	Date/Place of Issuance: ORMOC CITY	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>7-8-24</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	7-8-24	Date Accomplished				
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
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