

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	BREGILDO			
	FIRST NAME	MILDRED	NAME EXTENSION (JR., SR)	
	MIDDLE NAME	COMPENDIO		
3. DATE OF BIRTH (mm/dd/yyyy)	6/21/1994	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino	<input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	INOPACAN LEYTE		<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:	
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married	17. RESIDENTIAL ADDRESS	NA	MAHAYAHAY
	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated		House/Block/Lot No.	Street
	<input type="checkbox"/> Other/s:		NA	MALJO
7. HEIGHT (m)	5'2"	ZIP CODE	Subdivision/Village	Barangay
8. WEIGHT (kg)	54 KGS.		INOPACAN	LEYTE
9. BLOOD TYPE	B+		City/Municipality	Province
10. GSIS ID NO.	2005323705	18. PERMANENT ADDRESS	NA	MAHAYAHAY
11. PAG-IBIG ID NO.	121122213654		House/Block/Lot No.	Street
12. PHILHEALTH NO.	30511973844		NA	MALJO
13. SSS NO.	06-3558291-9	ZIP CODE	Subdivision/Village	Barangay
14. TIN NO.	442-501-351-000		INOPACAN	LEYTE
15. AGENCY EMPLOYEE NO.	NA		City/Municipality	Province
16. CITIZENSHIP		19. TELEPHONE NO.	(053) 565-0411	
17. RESIDENTIAL ADDRESS		20. MOBILE NO.	0926-0462-046	
18. PERMANENT ADDRESS		21. E-MAIL ADDRESS (if any)	micoagriculturist@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BREGILDO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)	
	FIRST NAME	JASON			NAME EXTENSION (JR., SR)
	MIDDLE NAME	BACAYO			
OCCUPATION	HEAD MECHANIC/LICENSED EMBALMER				
EMPLOYER/BUSINESS NAME	VELOCITI MOTORPARTS AND SERVICES				
BUSINESS ADDRESS	BRGY. MALJO, INOPACAN, LEYTE				
TELEPHONE NO.	(053)565-0411				
24. FATHER'S SURNAME	COMPENDIO				
	FIRST NAME	RENATO	NAME EXTENSION (JR., SR)		
	MIDDLE NAME	QUIBOY			
25. MOTHER'S MAIDEN NAME					
	SURNAME	BALATE			
	FIRST NAME	MELONE			
	MIDDLE NAME	DEGORIO	(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	INOPACAN CENTRAL SCHOOL	ELEMENTARY	2000	2006	GRADUATE	2006	ACADEMIC HONOR
SECONDARY	TINAGO NATIONAL HIGH SCHOOL	SECONDARY	2006	2010	GRADUATE	2010	1st HONORABLE MENTION
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRIBUSINESS	2010	2014	GRADUATE	2014	ACADEMIC SCHOLAR
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTERS IN BUSINESS MGMT.	2018		9 UNITS		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/24/2021
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IV. CIVIL SERVICE ELIGIBILITY								
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)			
					NUMBER	Date of Validity		
	LICENSED AGRICULTURIST	82.00	OCTOBER, 2016	ST. PAUL'S COLLEGE, TACLOBAN CITY	0026458	June 21, 2020		
(Continue on separate sheet if necessary)								
V. WORK EXPERIENCE								
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.								
28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
	From	To						
	01/03/20	07/30/20	PROVINCIAL COORDINATOR/SENIOR MANAGEMENT SPECIALIST	SPECIAL AREA FOR AGRICULTURAL DEVELOPMENT (SAAD) under DEPARTMENT OF AGRICULTURE RFO8	39000.00		JOB ORDER	Y
	8/8/2019	12/27/2019	MARKET SPECIALIST I	DEPARTMENT OF AGRICULTURE RFO8	19000.00		JOB ORDER	Y
	10/30/2017	7/30/2019	DISBURSING OFFICER	DEPARTMENT OF EDUCATION- BAYBAY CITY DIVISION	16000.00		PERMANENT	Y
	8/8/2014	6/13/2016	BRANCH CASHIER/SALES AGENT	ST. PETER LIFEPLAN, INC.	8000.00		PERMANENT	N
(Continue on separate sheet if necessary)								
SIGNATURE					DATE	10/24/2021		

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		
	GAMMA PI EPSILON FRATERNITY/SORORITY SIGMA GAMMA CHAPTER	2012	UNTIL PRESENT	NA	MEMBER
	SK COUNCILOR	2008	2012	NA	2ND COUNCILOR

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

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			
	FREE RANGE CHICKEN RAISING, RTL/EGG FARMING AND FEED FORMULATION WEBINAR	10/23/21	10/23/21	8.0	TECHNICAL	GIL S. CRUZ ,Technical Consultant ;BSA AS UPLB '74
	SEMINAR ON THEORITICAL AND PRACTICAL APPLICATION OF GEO-TAGGING OF PROGRAM INTERVENTIONS	11/27/2019	11/27/2019	8.0	TECHNICAL	DEPARTMENT OF AGRICULTURE RFO8
	CAPABILITY BUILDING ON THE CONDUCT AND ETHICAL STANDARDS FOR PUBLIC OFFICIALS AND EMPLOYEES (RA 6713)	7/24/2018	7/26/2018	24.0	ALL TYPE OF LD	DEPED-BAYBAY CITY DIVISION
	ORIENTATION WORKSHOP ON FINANCIAL MANAGEMENT	11/20/2017	11/22/2017	24.0	TECHNICAL	DEPED-BAYBAY CITY DIVISION

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	DRIVING	6-YEAR CATHECHIST		GAMMA PI EPSILON FRAT./SOR. SIGMA GAMMA CHAPTER
	READING PERSONAL DEVELOPMENT ARTICLES/BOOKS	SK COUNCILOR		
	BODY MASSAGE			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/24/2021
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
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?		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: RESIGNATION, SEEKING BETTER OPPORTUNITY _____</div>	
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>	
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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)			
NAME		ADDRESS	TEL. NO.
LORENZO A. REBIGAN JR., PRINCIPAL IV/PIC DEPED		BAYBAY CITY, LEYTE	0926-071-7298
RODEL V. LLANITA, REGIONAL MANAGER-SPLPI		ORMOC CITY, LEYTE	0920-919-8460
LARRY U. SULTAN, REGIONAL TECHNICAL DIRECTOR DA RFO8		TACLOBAN CITY	NA
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.			
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: 06-3558291-9</div> <div>ID/License/Passport No.:</div> <div>Date/Place of Issuance:</div>		<div></div> <div>Signature (Sign inside the box)</div> <div></div> <div>Date Accomplished</div>	
		<div></div> <div>Right Thumbmark</div>	
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.			
<div></div> <div>Person Administering Oath</div>			