

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	MAGNO		
FIRST NAME	ALJEAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BALURAN		
3. DATE OF BIRTH (mm/dd/yyyy)	10/28/1989	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	TACLOBAN CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	HAPPY HOMES ST. House/Block/Lot No. Street FATIMA VILLAGE 76 Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.62	ZIP CODE	6500
8. WEIGHT (kg)	60kg		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	HAPPY HOMES ST. House/Block/Lot No. Street FATIMA VILLAGE 76 Subdivision/Village Barangay TACLOBAN CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	121244144483		
12. PHILHEALTH NO.	13-050118670-9	19. TELEPHONE NO.	
13. SSS NO.	06-3020652-0	20. MOBILE NO.	
14. TIN NO.	403-213-017	21. E-MAIL ADDRESS (if any)	
15. AGENCY EMPLOYEE NO.	201904116		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MAGNO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARK	NAME EXTENSION (JR., SR)	ANNE MARGARETTE BALURAN MAGNO	1/12/2010
MIDDLE NAME	CAMPOSANO		MARK BALURAN MAGNO JR.	12/7/2014
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BALURAN			
FIRST NAME	LEO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BARIATA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ALCOBER			
FIRST NAME	AURORA			
MIDDLE NAME	ACUIN		(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	DR. A.P. BAÑEZ, MEMORIAL, ELEMENTARY, SCHOOL		1995	2001			
SECONDARY	LEYTE NATIONAL HIGH SCHOOL		2001	2005			
VOCATIONAL / TRADE COURSE							
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE in INFORMATION TECHNOLOGY	2005	2010			
GRADUATE STUDIES	SUPPLEMENTAL	MAJOR IN: SOCIAL SCIENCE	2019	2021			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 23, 2023
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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 PROFESSIONAL TEACHER (unit earner - first taker)	81.4	OCTOBER 2, 2022	TACLOBAN CITY	1966279	2/23/2023- 10/28/2026
	DRIVERS LICENSE				H02-20- 004601	

(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.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	0/23/2023	
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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		

(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			
	Basic Life Support	11/13/2021	11/13/2021	8	Foundation	DOH-HEMS Basic Life Support
	International Classification of Diseases (ICD-10) Training (Passer)	2/14/2022	2/25/2022	40	Managerial	Phil. Association of Health Records & Information Officers Inc.
	Health Information Management (seminar covered: Data Privacy Act & National Archives)	4/25/2022	4/29/2022	40	Managerial	Phil. Association of Health Records & Information Officers Inc.
	BIZBOX Electronic Medical Records (EMR) Training	5/12/2022	5/12/2022	8	Technical	BIZBOX Manila
	Clinical Documentation Improvement	7/6/2022	7/8/2022	24	Supervisory	Phil. Association of Health Records & Information Officers Inc.
	Vital Registration System: Birth & Death Preparation & Registration	9/16/2022	9/16/2022	8	Foundation	Phil. Association of Health Records & Information Officers Inc.
	Certified Professional Coder (Medical Coding)	10/15/2022	10/20/2022	18	Managerial	Udemy - Online Course
	IT Support (PC Troubleshooting); Basic Computer Literacy; Image Editing using Adobe Photoshop; MS Word, Excel & Powerpoint	10/15/2022	10/24/2022	80	Technical	Infinitech Training Center
	Health Data Analytics	10/27/2022	10/28/2022	16	Technical	Phil. Association of Health Records & Information Officers Inc.
	Health Information Management (HIM International Conference)	11/26/2022	11/26/2022	8	Managerial	Phil. Association of Health Records & Information Officers Inc.
	Computer Literacy	01/02/2023	01/13/2023	80	Technical	JE Mondejar Computer College
	Data Privacy Act in Health Information Management-Experiences & Challenges (point break)	4/1/2022	4/1/2022	1	Supervisory	Phil. Association of Health Records & Information Officers Inc.
	Death Certificate Assessment-The Role of HIMO Staff	3/17/2022	3/17/2022	1	Supervisory	Phil. Association of Health Records & Information Officers Inc.
	Basic Hospital Statistics (point break)	7/20/2022	7/20/2022	1	Foundation	Phil. Association of Health Records & Information Officers Inc.
	Vital Registration System: Birth & Death Preparation & Registration (point break)	9/2/2022	9/2/2022	1	Foundation	Phil. Association of Health Records & Information Officers Inc.

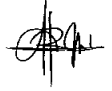
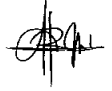
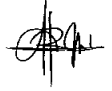

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER LITERATE		OUTSTANDING EMPLOYEE 2020 (ALLIED CARE EXPERTS MEDICAL CENTER - TACLOBAN CITY)		PHILIPPINE ASSOCIATION OF HEALTH RECORDS & INFORMATION OFFICERS INC. (PAHRIO)
	ADMIN/CLERICAL WORKS				
	MULTITASKING/FLEXIBLE				
	TIME MANAGEMENT				
	CASHIER/TELLER				
	PROBLEM SOLVING				
	VOLLEYBALL/BADMINTON/BIKING/JOGGING/ZUMBA				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 23, 2023
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<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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: RESIGNATION _____</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>GLENN I. NESUS</td> <td>JARO, LEYTE</td> <td>09978556804</td> </tr> <tr> <td>FE A. SUPERABLE</td> <td>TACLOBAN CITY</td> <td>09959345600</td> </tr> <tr> <td>MA. LUTZ DACALOS</td> <td>TACLOBAN CITY</td> <td>09510327426</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	GLENN I. NESUS	JARO, LEYTE	09978556804	FE A. SUPERABLE	TACLOBAN CITY	09959345600	MA. LUTZ DACALOS	TACLOBAN CITY	09510327426		
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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>DRIVER'S LICENSE</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>H02-20-004601</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>TACLOBAN 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:	DRIVER'S LICENSE	ID/License/Passport No.:	H02-20-004601	Date/Place of Issuance:	TACLOBAN CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">February 23, 2023</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	February 23, 2023	Date Accomplished
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<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"> <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;"></div> <div style="border: 1px solid black; width: 250px; height: 20px; margin: 5px auto; text-align: center;"> Person Administering Oath </div> </div> <div style="width: 35%; text-align: center;">  <p>PHOTO</p> <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto;"></div> <p>Right Thumbmark</p> </div> </div>															