## **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

	TO FILLING OUT THE PERSONAL DATA SHE  ightharpoonup ) and use separate sheet if necessary. Indicate				ORM. 1. CS ID No.		(Do not fill up. I	For CSC use only
I. PERSONAL INFORMATIO	N							
2. SURNAME	NUÑEZ							
FIRST NAME	SHIELA MARIE			NAME EXTENSION (JR., SR)				
MIDDLE NAME	GULAY							
3. DATE OF BIRTH (mm/dd/yyyy)	10/24/2001	16. CITIZENSHIP		FILIPINO				
4. PLACE OF BIRTH	BRGY. PLARIDEL BAYBAY CITY LEYTE	If holder of dual citizensh		Pls. indicate of			country:	
5. SEX	FEMALE	please indicate the detail	ils.					
6 CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS		ouse/Block/Lot	No		PUROK 1 Street	
							PLARIDEL	
7 HEICHT (m)	1.524 m			Subdivision/Villa BAYBAY	age		Barangay LEYTE	
7. HEIGHT (m)				City/Municipal	ity		Province	
8. WEIGHT (kg)	42 kg.	ZIP CODE					DUDOKA	
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	Н	ouse/Block/Lot	No.		PUROK 1 Street	
10. GSIS ID NO.	N/A			Subdivision/Villa	age		PLARIDEL Barangay	
11. PAG-IBIG ID NO.	121349021901			BAYBAY City/Municipali	CITY		LEYTE Province	
12. PHILHEALTH NO.	13-250378771-0	ZIP CODE		6521	<u>iy</u>		TTOVINCE	
13. SSS NO.	N/A	19. TELEPHONE NO.				N/A		
14. TIN NO.	656-874-727-00000	20. MOBILE NO.			+	-639700675851		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		<u>s</u>	hiellamari	ezenun@gma	il.com	
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME o	f CHILDREN (	Write full name	and list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)			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	NUÑEZ							
FIRST NAME	PATERNO	JR.						
MIDDLE NAME	BALILI							
25. MOTHER'S MAIDEN NAME								
SURNAME	GULAY							
FIRST NAME	REGINA ISABEL							
MIDDLE NAME	ESCALA				(Continue on s	separate sheet if nec	essary)	
III. EDUCATIONAL BACKGI	ROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/ (Write in full)	COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	PLARIDEL CENTRAL SCHOOL	ELEMENTARY EDUCATION	ON	2008	2014	GRADUATE	2014	
SECONDARY	PLARIDEL NATIONAL HIGH SCHOOL	SECONDARY EDUCATIO	)N	2014	2020	GRADUATE	2018	WITH HONOR
VOCATIONAL / TRADE COURSE								HONOK
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENC AGRIBUSINESS	E IN	2020	2024	GRADUATE	2024	CUM LAUDE
GRADUATE STUDIES								
SIGNATURE	(Con	ntinue on separate sheet if necess	sary)		TE		09/19/24	
GIGINA I UKE	On to				, <u>L</u>			10047) D 4 -54

IV. CIVIL SI	ERVICE ELIG	BILITY							
	SPECIAL LA	1080 (BOARD/ BAR) UNDER WS/ CES/ CSEE ITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	LICENSE (if a	pplicable)  Date of Validity
		N/A		N/A	N	/A		N/A	N/A
V. WORK E	EXPERIENCE		(Con	tinue on separate sheet	if necessary)				
(Include priv	ate employme	nt. Start from your recen	t work) Description	n of duties should b	e indicated in the attache	ed Work Exp	erience sheet		
(m	JSIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From N/A	To N/A	N/A			N/A	N/A	INCREMENT N/A	N/A	N/A
							14/71		14,71
			(Cor	tinue on separate sheet	if necessary				
SIGNA	ATURE	Sinla	(00)	oopulate siidet	DATE		09/	19/24	

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMEN	T / PEOPLE /	VOLUNTARY	ORGANIZAT	ION/S	
29. NAME & ADDRESS OF OF (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		N/A	N/A	N/A		N/A
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate s PROGRAMS A		<u>'</u> )		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN	E DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
N/A		From	To	N/A		NIA
N/A		N/A	N/A	N/A	N/A	N/A
	(Con	tinue on separate :	sheet if necessary	<i>'</i> )		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN (Write	NCTIONS / RECOG e in full)	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COOKING		N/A	١			N/A
MS OFFICE SOFTWARE LITERACY						
ACCOUNTING						
BOOKKEEPING						
WRITING						
	(Con:	tinue on separate :	sheet if necessary	<i>'</i> )		
SIGNATURE	Sinla			Di	ATE	09/19/24

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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	If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offe	If YES, give details:				
	b. Have you been criminally charged before any court?	If YES, give details: Date Filed: Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of ar by any court or tribunal?	If YES, give details:				
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?		If YES, give details:			
38.	a. Have you ever been a candidate in a national or local electron Barangay election)?	If YES, give details:				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	If YES, give details (country):				
40. 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?  Are you a solo parent?	If YES, please specify:  If YES, please specify ID No:  If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
	NAME	ADDRESS	TEL. NO.			
	VILMA P. CAYON	BAYBAY CITY, LEYTE				
	GRACIELLE DAWN GAMOTIN	BAYBAY CITY, LEYTE				
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 repre I agree that any misrepresentation made in this doct administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the content	Republic of the s stated herein.			
P	iovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance  overnment Issued ID: TIN NUMBER					
⊩	)/License/Passport No.: 656-874-727-00000	Signature (Sign inside the b	lox)			
D	ate/Place of Issuance: ORMOC CITY	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issued government ID as indicated above.			
	_	Person Administering Oa	th			