

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	OPENA		
FIRST NAME	PORFERIO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	MONTIBON		
3. DATE OF BIRTH (mm/dd/yyyy)	04/16/2000	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	ORAS, EASTERN SAMAR	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A FABRICA
7. HEIGHT (m)	1.64	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	55		N/A SAN EDUARDO
9. BLOOD TYPE	A		Subdivision/Village Barangay
10. GSIS ID NO.			ORAS EASTERN SAMAR
11. PAG-IBIG ID NO.			City/Municipality Province
12. PHILHEALTH NO.	03-250748238-3	18. PERMANENT ADDRESS	N/A FABRICA
13. SSS NO.		ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	503-415-097-000		N/A SAN EDUARDO
15. AGENCY EMPLOYEE NO.			Subdivision/Village Barangay
			ORAS EASTERN SAMAR
			City/Municipality Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09264851891
		21. E-MAIL ADDRESS (if any)	openaporferio@gmail.com

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	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	OPENA			
FIRST NAME	ALLAN	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	PICARDAL			
25. MOTHER'S MAIDEN NAME	CHARYL COLICO MONTIBON			
SURNAME	OPENA			
FIRST NAME	CHARYL			
MIDDLE NAME	MONTIBON		(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	CONCEPCION INTEGRATED SCHOOL	N/A	6/28/2006	6/29/2012	N/A	2012	N/A
SECONDARY	ORAS NATIONAL HIGH SCHOOL		7/28/2012	7/28/2018	N/A	2018	WITH HONORS
VOCATIONAL / TRADE COURSE	ORAS NATIONAL HIGH SCHOOL	COMPUTER SYSTEM SERVICING	6/28/2016	6/28/2018	N/A	2018	N/A
COLLEGE	EASTERN SAMAR STATE UNIVERSITY - MAIN	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	7/28/2018	7/11/2022		2022	PRESIDENT'S LISTER
GRADUATE STUDIES		MASTER OF SCIENCE IN INFORMATION TECHNOLOGY	2/28/2023	PRESENT	9	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07 - 17 - 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
CAREER SERVICE PROFESSIONAL LEVEL	85.1	3/26/2023	BORONGAN, EASTERN SAMAR	N/A	-
N/A	N/A	N/A	N/A		N/A

**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	07 - 17 - 2023
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(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 PROGRAMMING		JOURNALIST OF THE YEAR		ARMY RESERVE - AFP
	DATABASE MANAGEMENT				
	USER-EXPERIENCE DESIGN				
	GRAPHIC DESIGN				
	DATA ENTRY				
	HARDWARE AND SOFTWARE TROUBLESHOOTING				
	MUSIC				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07-17-2023
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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>RENALYN N. LOBENIA</td><td>BURAUEN, LEYTE</td><td>9267637931</td></tr><tr><td>ALLAN P. OPEÑA</td><td>SAN POLICARPO, EASTERN SAMAR</td><td>9067723720</td></tr><tr><td>CHARYL M. OPEÑA</td><td>ORAS, EASTERN SAMAR</td><td>9675293410</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	RENALYN N. LOBENIA	BURAUEN, LEYTE	9267637931	ALLAN P. OPEÑA	SAN POLICARPO, EASTERN SAMAR	9067723720	CHARYL M. OPEÑA	ORAS, EASTERN SAMAR	9675293410
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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.														
<div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: 503-415-097-000 ID/License/Passport No.: N/A Date/Place of Issuance: 08/16/2021</div>	<div><div>Signature (Sign inside the box) 07-17-2023 Date Accomplished</div></div>	<div><div> PORFERIO M. OPEÑA PHOTO</div><div> Right Thumbmark</div></div>												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div>Person Administering Oath</div>														