

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.

CS Form No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	TORRES		
FIRST NAME	MARIA CHRISTNA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LUMAYNO		
3. DATE OF BIRTH (mm/dd/yyyy)	12/25/1981	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	HILONGOS, 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province ZIP CODE 6524
7. HEIGHT (m)	1.60	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province ZIP CODE 6524
8. WEIGHT (kg)	65	19. TELEPHONE NO.	
9. BLOOD TYPE	O+	20. MOBILE NO.	09531279775
10. GSIS ID NO.	2004534458	21. E-MAIL ADDRESS (if any)	christina.torres8888@gmail.com
11. PAG-IBIG ID NO.	121058170410		
12. PHILHEALTH NO.	190902357606		
13. SSS NO.	3383285840		
14. TIN NO.	230036004		
15. AGENCY EMPLOYEE NO.	HDH-003		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	TORRES		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JASON	NAME EXTENSION (JR., SR)	MAISIE FRANCINE GAIL L. TORRES	05/15/2010
MIDDLE NAME	CAPA		GIAN L. TORRES	02/16/2014
OCCUPATION	SELF-EMPLOYED		NATANIA YSOBELLE L. TORRES	06/08/2015
EMPLOYER/BUSINESS NAME	GIAN GENERAL MERCHANDISE			
BUSINESS ADDRESS	C.V. ALCUINO HILONGOS, LEYTE			
TELEPHONE NO.	09175810847			
24. FATHER'S SURNAME	LUMAYNO			
FIRST NAME	REGILITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CLERIGO			
25. MOTHER'S MAIDEN NAME	REMEDIOS VILLAFANE RABE			
SURNAME	LUMAYNO			
FIRST NAME	REMEDIOS			
MIDDLE NAME	RABE			

(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	HILONGOS SOUTH CENTRAL SCHOOL	PRIMARY	JUN 1988	MAR 1994		1994	W/ HONORS
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	HIGH SCHOOL	JUN 1994	MAR 1998		1998	
VOCATIONAL / TRADE COURSE							
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF SCIENCE IN ACCOUNTANCY	JUN 1998	MAR 2002		2002	
GRADUATE STUDIES	SAINT JOSEPH COLLEGE	MASTER IN BUSINESS ADMINISTRATION	JUN 2017	DEC 2019	45 UNITS		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	3/17/2021
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[illegible]

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	3/17/2021
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3/17/2021

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 (Write in full)
		From	To		
N/A					

(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			
	CASH MANAGEMENT AND CONTROL SYSTEM	10/17/2017	10/19/2017	24.0	TECHNICAL	COMMISSION ON AUDIT
	2016 HOSPITAL FORUM	07/26/2016	07/26/2016	8.0	TECHNICAL	PHILIPPINE HEALTH INSURANCE CORP
	2014 HOSPITAL FORUM	09/17/2014	09/17/2014	8.0	TECHNICAL	PHILIPPINE HEALTH INSURANCE CORP
	GOODS AND SERVICES TAX - SINGAPORE	12/12/2012	12/12/2012	8.0	TECHNICAL	INLAND REVENUE AUTHORITY OF SINGAPORE
	CORPORATE INCOME TAX - SINGAPORE	11/08/2012	11/08/2012	8.0	TECHNICAL	INLAND REVENUE AUTHORITY OF SINGAPORE
	ASSERTIVE COMMUNICATION - SELLING YOUR IDEAS	09/26/2011	10/25/2011	12.0	SUPERVISORY	SHEL SHARED SERVICES ASIA B.V.
	PAS/PFRS VS. INCOME TAX EMPLOYEE BENEFITS	09/19/2007	09/19/2007	8.0	TECHNICAL	SGV & CO./ PHILIPPINE AIRLINES, INC.
	UPDATES OF VALUE ADDED TAX	03/28/2007	03/28/2007	8.0	TECHNICAL	BUREAU OF INTERNAL REVENUE/ PHILIPPINE AIRLINES, INC.
	FIRST TIME ADOPTION OF IFRS/INCOME TAXES/ EVENTS AFTER BALANCE SHEET DATE	03/24/2007	03/24/2007	8.0	TECHNICAL	PHILIPPINE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANT/PHILIPPINE AIRLINES, INC.
	FINANCIAL INSTRUMENTS AND FOREIGN EXCHANGE	03/23/2007	03/23/2007	8.0	TECHNICAL	PHILIPPINE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANT/PHILIPPINE AIRLINES, INC.
	FINANCIAL STATEMENT REPORTING	03/02/2007	03/02/2007	8.0	TECHNICAL	PHILIPPINE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANT/PHILIPPINE AIRLINES, 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)
	MS APPLICATIONS (EXCEL, WORD, PPT)		N/A		PHILIPPINE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
	TRAVELLING				
	GARDENING				
	PROFICIENT IN ORACLE AND SAP SYSTEM				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	3/17/2021
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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 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> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>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>DR. LINDA TERESA T. ASTORGA</td> <td>BAYBAY CITY, LEYTE</td> <td>9159556448</td> </tr> <tr> <td>CRISANTA F. LEE</td> <td>HILONGOS, LEYTE</td> <td>9954783920</td> </tr> <tr> <td>HON. ALBERT VILLAHERMOSA</td> <td>HILONGOS, LEYTE</td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. LINDA TERESA T. ASTORGA	BAYBAY CITY, LEYTE	9159556448	CRISANTA F. LEE	HILONGOS, LEYTE	9954783920	HON. ALBERT VILLAHERMOSA	HILONGOS, LEYTE	
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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>													
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<p>SUBSCRIBED AND SWORN to before me this 17 MAR 2021 at ATTY. MARIA CRISTINA L. TORRES, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Notary Public, Commission Expires: Dec 31, 2021</p> <p>PTB No. 5159071, Jan. 05, 2021, Hilongos, Leyte</p> <p>Lifetime Member No. 02987, May 2, 2002, Pasig</p> <p>Roll of Attorneys No. 45431, Tn. 902-770-534</p> <p>MCLE Number XII-0001139, October 17, 2019</p> <p>Office Contact No. 09338510319</p> <p>Person Administering Oath</p> </div>													



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