

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	LLANOS		
FIRST NAME	DARLYN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	CASAS		
3. DATE OF BIRTH (mm/dd/yyyy)	02/11/1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: Philippines
4. PLACE OF BIRTH	BRGY. HINAGUIMITAN, MAHAPLAG, 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	N/A House/Block/Lot No. Street N/A HINAGUIMITAN Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province
7. HEIGHT (m)	1.52		
8. WEIGHT (kg)	40	ZIP CODE	6512
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A HINAGUIMITAN Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121261699483	ZIP CODE	6512
12. PHILHEALTH NO.	13-025468713-9		
13. SSS NO.	3471230833	19. TELEPHONE NO.	N/A
14. TIN NO.	706-998-195	20. MOBILE NO.	0916-144-6257
15. AGENCY EMPLOYEE NO.	20190473	21. E-MAIL ADDRESS (if any)	ayingllanos@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	DEJAÑO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ALFREDO	JR.	ZEMIRAH ZAYNE LLANOS DEJAÑO	04/17/2024
MIDDLE NAME	WENCESLAO		***NOTHING FOLLOWS***	***NOTHING FOLLOWS***
OCCUPATION	CHECKER INSPECTOR			
EMPLOYER/BUSINESS NAME	PRYCE GASES, INC.			
BUSINESS ADDRESS	BRGY. KAWAYAN, TACLOBAN CITY			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LLANOS			
FIRST NAME	FLORENTINO	N/A		
MIDDLE NAME	LONQUIAS			
25. MOTHER'S MAIDEN NAME	CIRILA TOROÑADO CASAS			
SURNAME	LLANOS			
FIRST NAME	CIRILA			
MIDDLE NAME	CASAS			

(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	MAHAPLAG CENTRAL SCHOOL	ELEMENTARY	2001	2007	N/A	2007	N/A
SECONDARY	MAHAPLAG NATIONAL HIGH SCHOOL	HIGH SCHOOL	2007	2011	N/A	2011	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	PALOMPON INSTITUTE OF TECHNOLOGY	BACHELOR OF SCIENCE IN SHIPPING MANAGEMENT	2011	2015	N/A	2015	N/A
GRADUATE STUDIES	PALOMPON INSTITUTE OF TECHNOLOGY	MASTER OF MANAGEMENT (WITH THESIS)	2020	2025	N/A	2025	N/A

SIGNATURE			
SIGNATURE		DATE	AUGUST 5, 2025




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	80.90%	08/04/2019	TACLOBAN CITY	N/A	N/A
	CAREER SERVICE SUB-PROFESSIONAL	80.98%	10/14/2018	TACLOBAN CITY	N/A	N/A
	***NOTHING FOLLOWS***	***NOTHING FOLLOWS***	***NOTHING FOLLOWS***	***NOTHING FOLLOWS***	***NOTHING FOLLOWS***	***NOTHING FOLLOWS***







**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	AUGUST 5, 2025
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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			
	N/A	N/A	N/A	N/A	N/A	
(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			
	IMPLEMENTING GENDER EQUALITY AND INCLUSION IN CUSTOMS	11/28/2023	11/28/2023	1.3	FOUNDATION	WORLD CUSTOMS ORGANIZATION
	GENDER EQUALITY IN CUSTOMS	11/28/2023	11/28/2023	2	FOUNDATION	WORLD CUSTOMS ORGANIZATION
	FIRST AID TRAINING AND BASIC LIFE SUPPORT	08/14/2023	08/16/2023	24	TECHNICAL	BUREAU OF CUSTOMS, PORT OF TACLOBAN
	BOC INFORMATION SECURITY POLICY	07/20/2023	07/20/2023	24	TECHNICAL	BUREAU OF CUSTOMS, PORT OF MANILA
	TRAINING FOR BUDGET EXECUTION, PROCUREMENT AND DISPOSAL OF GOVERNMENT PROPERTY	07/12/2023	07/14/2023	24	TECHNICAL	BUREAU OF CUSTOMS, PORT OF MANILA
	ORIENTATION ON THE DRUG-FREE WORKPLACE PROGRAM FOR THE GOVERNMENT	08/24/2022	08/24/2022	2	FOUNDATION	BUREAU OF CUSTOMS, PORT OF MANILA
	SEMINAR ON GENDER AND DEVELOPMENT RELATED TOPICS	01/31/2022	01/31/2022	4	FOUNDATION	COMMISSION ON HUMAN RIGHTS, LEGAZPI
	BASIC COURSE ON GENERAL ADMINISTRATION BATCH 1-2021	04/05/2021	04/16/2021	80	FOUNDATION	BUREAU OF CUSTOMS, PORT OF MANILA
	GOVERNANCE CULTURE CODE	09/26/2020	09/26/2020	1	FOUNDATION	BUREAU OF CUSTOMS, PORT OF MANILA
	VALUES TRANSFORMATION PROGRAM	07/10/2020	07/10/2020	5	FOUNDATION	BUREAU OF CUSTOMS, PORT OF MANILA
	LEARNING SESSION ON THE OVERVIEW OF THE BOC JOB ORDER PERSONNEL	06/16/2017	06/16/2017	8	FOUNDATION	BUREAU OF CUSTOMS, PORT OF MANILA
	CASCADING ON 5S METHODOLOGY (GOOD HOUSEKEEPING)	05/25/2016	05/25/2016	4	FOUNDATION	BUREAU OF CUSTOMS, ISABEL, LEYTE
(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)	
	SINGING	Certificate of Commendation in invaluable contribution to Port of Tacloban's commendable performance from January 2024 to June 2024		CHRISTIAN MINSTRELS ARTISTS & MEDIA		
	PLAYING GUITAR			ANOINTED CHRISTIANS TOWARD SERVICE		
	PLAYING PIANO	Certificate of Commendation in invaluable contribution to Port of Tacloban's commendable performance for the month of July 2022		***NOTHING FOLLOWS***		
	READING BOOKS					
	PHOTO EDITING, AUDIO RECORDING AND EDITING	***NOTHING FOLLOWS***				
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	AUGUST 5, 2025	



<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> <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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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>ATTY. ALVIN S. DADACAY, LCB</td> <td>BUREAU OF CUSTOMS, SUB-PORT OF ISABEL</td> <td>09150424165</td> </tr> <tr> <td>BUEN B. BALANLAYOS</td> <td>BUREAU OF CUSTOMS, SUB-PORT OF ISABEL</td> <td>09688532610</td> </tr> <tr> <td>MARIA JENNIFER G. PAYOT</td> <td>BUREAU OF CUSTOMS, SUB-PORT OF ISABEL</td> <td>09563120304</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	ATTY. ALVIN S. DADACAY, LCB	BUREAU OF CUSTOMS, SUB-PORT OF ISABEL	09150424165	BUEN B. BALANLAYOS	BUREAU OF CUSTOMS, SUB-PORT OF ISABEL	09688532610	MARIA JENNIFER G. PAYOT	BUREAU OF CUSTOMS, SUB-PORT OF ISABEL	09563120304		
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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 style="text-align: center;">SUBSCRIBED AND SWORN to before me this <b>AUG 05 2025</b>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <p><b>Doc. No.</b> <u>27</u>;</p> <p><b>Page No.</b> <u>1</u>;</p> <p><b>Book No.</b> <u>1</u>;</p> <p><b>Series of</b> <u>WK</u>;</p> </div> <div style="width: 60%; text-align: right;"> <p><b>VELINDA C. DOMAEL-QUIAMBAO</b>  Notary Public  Ormoc City, Kananga, Malaga-ob, Marikina  and Isabel, Leyte  Commission Until December 31, 2025  Commission No. 05M-23-12-016  980 Rolas St., Isabel, Leyte  PTR No. 976841102025, Isabel, Leyte  IBP Listing Member Roll No. 014003</p> </div> </div> <p style="text-align: center;">Person Administering Oath</p>															