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.

Diet begind in Tale appropriate boy on 1 and use separate shoet if pages and indicate N/A if not applicable DO NOT ARREVIATE 1 CS ID No. (Do not fill

I. PERSONAL INFORMAT	ION		ole. DO NO					For CSC use only)	
2. SURNAME	Sumabat								
FIRST NAME							NAME EXTENSION (JR., SR)		
MIDDLE NAME	Daniolco								
3. DATE OF BIRTH	7/26/1991	16. CITIZENSHIP				1			
(mm/dd/yyyy)	1720/1001	TO. OTT IZZETYOT III		✓ Filipino	L		Citizenship 'hby natura	alization	
4. PLACE OF BIRTH	Anahawan District Hospital	If holder of dual citizens				indicate count			
5. SEX	✓ Male ☐ Female	please indicate the deta					-		
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS							
	☐ Widowed ☐ Separated		ŀ	House/Block/Lot N	0.		Stree	t	
	Other/s:			Subdivision/Village	9		Barang	ay	
7. HEIGHT (m)	167 cm			City/Municipality			Provin	ce	
8. WEIGHT (kg)	92 kg	ZIP CODE 18. PERMANENT ADDRESS							
9. BLOOD TYPE		10. I ERWANENT ADDRESS	ŀ	House/Block/Lot N	0.		Stree	t	
10. GSIS ID NO.				Subdivision/Village	•		Atuya Barang		
11. PAG-IBIG ID NO.	121075648187			Saint Bernar City/Municipality			Southern L	.eyte	
12. PHILHEALTH NO.	130252651226	ZIP CODE		6616			1100111		
13. SSS NO.	0633788207	19. TELEPHONE NO.							
14. TIN NO.	436622577000	20. MOBILE NO.			0995 50	5 7364			
15. AGENCY EMPLOYEE NO.	21. E-MAIL ADDRESS (if any) danielsumabat@gmail.com								
II. FAMILY BACKGROUN	D								
22. SPOUSE'S SURNAME				f CHILDREN (Write			DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)	Zed	Zedekiah Daniel R. Sumabat				11/11/2018	
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	Sumabat								
FIRST NAME	Diosdado	NAME EXTENSION (JR., SR)							
MIDDLE NAME	Calapre								
25. MOTHER'S MAIDEN NAME									
SURNAME	Daniolco								
FIRST NAME	Petronila								
MIDDLE NAME	Margas		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACK	GROUND					HIGHE	ı		
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGREE	/COURSE	PERIOD OF AT	TENDANCE	ST LEVEL	YEAR	SCHOLARSHIP/ ACADEMIC	
	(Write in full)	(Write in full)		From	То	/ UNITS EARN	GRADUATED	HONORS RECEIVED	
ELEMENTARY	Maria Asuncion Elementary School			Jun-98	Mar-04	FARIN	2004	Salutatorian	
SECONDARY	Cristo Rey Regional High School			Jun-04	Mar-08		2008	8th Honorable Mention	
VOCATIONAL / TRADE COURSE	Magsaysay Center for Hospitality and Culinary Arts	Food and Beverage Servcies		Jun-19	Mar-20		2020		
COLLEGE	Visayas State University	Bacheclor of Hotel, Restaurant and Tourism Management		Jun-08	Apr-12		2012	Cum Laude	
GRADUATE STUDIES									
0/6 *** = *** = **		(Continue on separate sheet	if necessary						
SIGNATURE				DAT	E	00.50	-D14.0-0 /D/	d 2017), Page 1of 4	

IV. CIVIL 3	SERVICE EL	.IGIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) RATING				DATE OF	re of			LICENSE (if applicable)	
UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
Honor Graduate Eligibility				4/10/2012	Visayas Stat	te Universi	ty	100108120205	
	Driver's I	License			Maasi	n City		H11-14-000477	7/26/2023
			(Conti	nue on separate shee	ot if nacassary)				
V. WORK	EXPERIEN	CE	(Contr	nue on separate sire	or in incoessary)				
		ment. Start from your	recent work)	Description of du	ties should be indic	ated in the	SALARY/	d Work Experienc	e sheet.
20.	INCLUSIVE DATES (mm/dd/vvvv) POSITION TITLE DEPARTMENT / AGENCY / OFFICE / MONTHLY GRADE (i					JOB/ PAY GRADE (if	STATUS OF	GOV'T	
From	То	(Write in full/Do not ab	obreviate)	(Write in full/Do	SALARY	applicable) & STEP (Format "00-0")/	APPOINTMENT	SERVICE (Y/ N)	
7/25/2012	8/12/2012	Camp Teach	ner	Sunny Oak Meadow English Academy, Inc.		8,000.00		contractual	
9/7/2012	4/1/2013	Waiter		Sumo Sam (American -Japanese) Restaurant		10,000.00		contractual	
5/2/2013	5/2/2015	Restaurant Ma	nager		Sogod Branch	13,000.00		regular	
6/1/2014	10/10/2014	Part-Time Instr	ructor	- Sogo	ute and Technology d Branch	4,000.00		regular	
5/10/2015	8/31/2017	Restaurant Ma	nager	Ma	99 Mall Divisoria, anila	25,000.00		regular	
9/2/2017	6/15/2019	Resort Mana	ger	Beach	e Clubhouse and n Resort	20,000.00		regular	
3/5/2020	9/30/2020	Resort Mana	ger	Kissbone Cove Clubhouse and Beach Resort		20,000.00		regular	
10/1/2021	present	Sales and Marketing	Consultant	Kissbone Cove Clubhouse and Beach Resort		7,100.00		contractual	
10/12/2020	2/12/2021	Part-Time Instr	uctor	Visayas State University Main Campus		12,000.00		contractual	4 mos
			(Conti	nue on separate shee		<u> </u>	<u> </u>		
SIGNA	ATURE				DATE		CSFOR	M 212 (Revised 2017),	Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEME	NT IN CIVIC /	NON-GOVE	RNMENT/PI	EOPLE / VOL	UNTARY ORGANIZATION/S		
29. NAME & ADDRESS OF ORGANIZATION	INCLUSIVE DATES		NUMBER OF HOURS	POSITION / NATURE OF WORK			
(Write in full)	(mm/dd/yyyy)						
	From	То					
	(Continu	e on separate s	heet if necessary	()			
VII. LEARNING AND DEVELOPMENT (L& (Start from the most recent L&D/training program a Chief/Evecutive/Managerial positions)							
TITLE OF LEARNING AND DEVELOPMENT 30.	INCLUSIVE	DATES OF	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY		
INTERVENTIONS/TRAINING PROGRAMS	ATTEN	DANCE			(Write in full)		
(Write in full)	From	То		Technical/etc)	(vine in all)		
Mang Inasal Management Trainee Development Program	6/1/2013	9/4/2013	600	Managerial	Mang Inasal Philippines Incorporated		
Program Food Safety and Hazard Analysis Critical Control Point	7/2/2013	7/2/2013	8 hours	Managerial	Mang Inasal Philippines Incorporated		
	(Continu	e on separate s	heet if necessary	/)			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)		
Photo and Video Editing							
(Continue on separate sheet if necessary)							
SIGNATURE			DA	ATE			
					CS FORM 212 (Revised 2017), Page 3 of 4		

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?		a no			
	b. within the fourth degree (for Local Government Unit - Car	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
35.	a. Have you ever been found guilty of any administrative of	☐ YES ☑ NO If YES, give details:				
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of a regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, encephased out (abolition) in the public or private sector?	✓ YES □ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local electron (except Barangay election)? b. Have you resigned from the government service during the first product of the p	☐ YES				
39.	before the last election to promote/actively campaign for a nature of the status of an immigrant or permanent	If YES, give details: YES NO If YES, give details (country):				
	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 88					
a b	Are you a member of any indigenous group? Are you a person with disability?	☐ YES				
С	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to approximately service of the serv	pplicant /appointee)				
	NAME	ADDRESS	TEL. NO.	ID picture taken within		
	Ramila A. Geganto, RN	Magabagacay, Saint Bernard, Southern Leyte	0955 470 5345	the last 6 months 3.5 cm. X 4.5 cm		
	Engr. Raymart Bulagsac	Catmon, Saint Bernard,	0917 164 6997	(passport size) With full and handwritten		
	Roda M. Garcia, RN	Southern Leyte Catmon, Saint Bernard,	0997 456 1749	name tag and signature over printed name		
42.	I declare under oath that I have personally accomplished	Southern Levte this Personal Data Sheet which is	s a true, correct	Computer generated or photocopied picture		
	and complete statement pursuant to the provisions of pertine the Philippines. I authorize the agency head/authorized re			is not acceptable		
	herein. I agree that any misrepresentation made in filing of administrative/criminal case/s against me.			РНОТО		
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's					
	cense, etc.) PLEASE INDICATE ID Number overnment Issued ID: UMID					
-	/License/Passport No. CRN-0111-4855846-8					
	ate/Place of Issuance:	the box) hed Right Thumbmark				
L		Date Accomplish	ea	Night Hidhbhaix		
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath						