

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	ARPON		
FIRST NAME	RENE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	DAGIL		
3. DATE OF BIRTH (mm/dd/yyyy)	08/11/1967	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	SAN FRANCISCO, VILLABA, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	PUROK I PROPER House/Block/Lot No. Street SAN FRANCISCO Subdivision/Village Barangay VILLABA LEYTE City/Municipality Province 6537
7. HEIGHT (m)	1.62 m	18. PERMANENT ADDRESS	PUROK I PROPER House/Block/Lot No. Street SAN FRANCISCO Subdivision/Village Barangay VILLABA LEYTE City/Municipality Province 6537
8. WEIGHT (kg)	59	19. TELEPHONE NO.	09659441630
9. BLOOD TYPE	O	20. MOBILE NO.	09659441630
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	renearpon316@gmail.com
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-200510235-2		
13. SSS NO.	N/A		
14. TIN NO.	915-328-575		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	ARPON		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ANITA	NAME EXTENSION (JR., SR)	BERNAETTE D. ARPON	10/05/1996
MIDDLE NAME	DELGADO		RENA D. ARPON	08/25/1998
OCCUPATION	HOUSEWIFE		MARIA FE D. ARPON	09/15/2000
EMPLOYER/BUSINESS NAME	N/A		ANTONET D. ARPON	07/03/2002
BUSINESS ADDRESS	N/A		EMERICA D. ARPON	09/01/2004
TELEPHONE NO.	9262925601		AIKO D. ARPON	11/18/2006
24. FATHER'S SURNAME	ARPON			
FIRST NAME	GENOVIVO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ONDE			
25. MOTHER'S MAIDEN NAME	DAGIL			
SURNAME	LOURDES			
FIRST NAME	BULANTE			
MIDDLE NAME				

(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	CAHIGAN ELEMENTARY SCHOOL	ELEMENTARY	1975	1981		1981	2ND HONOR
SECONDARY	KANANGA MUNICIPAL HIGH SCHOOL	HIGH SCHOOL	1985	1989		1989	2ND HONOR
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ELEMENTARY EDUCATION	2019	2023		2023	
GRADUATE STUDIES	N/A						


(Continue on separate sheet if necessary)


SIGNATURE		DATE	JAN 03, 2025
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27.	CAREER SERVICE/ RA 1090 (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
	CIVIL SERVICE ELIGIBILITY	NA	10/12/2009	CSC - PALO, LEYTE	21080294	NA
	LICENSURE EXAMINATION FOR TEACHERS - PASSER	81.2	09/29/2024	TACLOBAN, CITY	NA	NA

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	
		JAN 03, 2025	

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			
	SABACAMA FARMER'S ASSOCIATION	2004	PRESENT		TREASURER	
(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			
	PARTICIPATORY BARANGAY DEVELOPMENT PLANNING	09/19/2013	09/22/2023	32.0	TECHNICAL	DEPT. OF SOCIAL WELFARE & DEVT.
	BRGY. DEVT PLAN FORMULATION WORKSHOP CUM BDC STRENGTHENING	09/20/2022	09/22/2023	24.0	TECHNICAL	DEPT. OF INTERIOR & LOCAL GOVERNMENT
	COMMUNITY-BASED DISASTER RISK REDUCTION AND MANAGEMENT (CBDRM) TRAINING	3/26/2022	3/30/2022	40.0	TECHNICAL	PROVINCIAL DISASTER RISK REDUCTION & MANAGEMENT OFFICE
	BARANGAY FISCAL AND PROPERTY MANAGEMENT	10/22/1997	10/24/1997	24.0	MANAGERIAL	COMMISSION ON AUDIT (COA)
	BARANGAY ADMINISTRATION SEMINAR WORKSHOP	08/05/1994	08/07/1994	24.0	TECHNICAL	DEPT. OF INTERIOR & LOCAL GOVERNMENT
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	HANDICRAFT MAKING					SABACAMA FARMER'S ASSOCIATION - TREASURER
	READING BOOKS					
	LISTENING TO MUSIC					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	JAN 03, 2025	

<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: <u>END OF TERM</u></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</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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>JAICA MAY P. SORINO</td> <td>VILLABA, LEYTE</td> <td>9630943701</td> </tr> <tr> <td>AMELITA D. PELAYO</td> <td>VILLABA, LEYTE</td> <td>9353914357</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JAICA MAY P. SORINO	VILLABA, LEYTE	9630943701	AMELITA D. PELAYO	VILLABA, LEYTE	9353914357			
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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 _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 10px auto; text-align: center;"> <p>Person Administering Oath</p> </div>													



PHOTO



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