Revised 2017 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 ACCOMPUSHING THE PDS FORM. Print leably. Tick appropries boxes () and use separate sheet if necessary. Indicate N/A if not applicable. \$1.0\$ IDN (Do not fill up. For CSC use only)									
I. PERSONAL INFOR		i necessary, mucate i	VA II HOL AD	ulicable.	71.00IDI	(BOTIO	mirup.roi o	ocuse only)	
2. SURNAVE	PINOTE					-			
FIRST NAME	FLORDELUNA					NAMEEXTENSIO	N (JR, SF)		
MIDDLE NAME	ISRAEL	-							
3. DATE OF BIRTH (mm/dd/yyyy)	3/7/1999	16. CITIZENSHIP							
4. PLACE OF BIRTH	INABANGA, BOHOL	If holder of dual citi						y:	
5. SEX		please indicate the	details.			_			
6 CIVIL STATUS		17. RESIDENTIAL ADDRE		N/A e/Block/Lo N/A livision/Vill		SANT	N/A Street O ROSA Barangay	ARIO	
7. HEIGHT (m)	1.585 m		В	AYBAY			LEYTE		
B. WEIGHT (kg)	58 kg	ZIP CODE	City	/Municina	110	6521	Province		
9. BLOOD TYPE		18. PERMANENT ADDRE		N/A			N/A		
I O. GSIS ID NO.	N/A			N/A		SANT	O ROSA	ARIO	
I 1. PAGIBIGID NO.	121285352439			BAYB. /Municipa	٩Y		LEYTE Province		
2. PHILHEALTH NO.	01-255342909-7	ZIP CODE	City	6521	ity		Province		
3. SSSNQ	06-4351863-2	19. TELEPHONE NO.		N/A					
14. TIN NQ	387-349-729-000	20. MOBILE NO.		09979914279					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if a		flordelunapinote@gmail.com					
II. FAMILY BACKGRO	OUND								
22 SPOUSE'S SURNAME	N/A	NAMED/TRICON/P. CD	23. NAME of list all)			ull name and		(TH (mm/dd/	
22 SPOUSE'S SURNAME FIRST NAME		NAMEEXTENSION (JR, SF)	23. NAME of list all)		N (Write f	full name and			
		NAMEDXTENSION (JR, SF)	23. NAME of list all)			full name and			
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FIRST NAME MIDDLE NAME		NAMEEXTENSION (JR, SP)	23. NAME of list all)			full name and			
FIRST NAME MIDDLE NAME OCCUPATION		NAMEDITENSION (.R. S.)	23. NAME of list all)			ull name and			
FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NA		NAMEEXTENSION (.R. S.)	23. NAME of list all)			ull name and			
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FIRST NAME MODLE NAME COCUPATION EMPLOYER/BUSINESS N/ BUSINESS ADDRESS TELEPHONE NO 24ATHER'S SURNAME FIRST NAME MODLE NAME 25 MOTHER'S MADEN NAME	PINOTE FERNANDO DURAN ANSELMA LABRADOR I	ion (r. 393?	23. NAME of list all)			ull name and			
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IV. CIVIL SI	ERVICE ELIG	BILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE			RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFE	RMENT	LICENSE (if ap	
BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	CONFERMENT	. 2.02 0. 270		-	NUMBER	Date of Validity
N/A							_		
				·		-			
						-			
				-			-		
			(Con	tinue on separate sheet	t if necessary)				
	XPERIENCE ate employm	ent. Start from your rec	ent work) Descrip	tion of duties shou	ıld be indicated in the at	tached Wor	k Experience		
28. INCLUSIV	/E DATES (mm/ d/yyyy)	POSITION T	ITLE	DEPARTMENT / AGE	:NCY / OFFICE / COMPANY	MONTHLY	SALARY/JOB/PAY GRADE (if applicable)&		GOVT SERVICE
From	To	(Write in full/Do not			/Do not abbreviate)	SALARY	STEP (Format "00-0") /INCREMENT	APPOINTMENT	(Y/ N)
11/15/2020	3/10/2022	SALES PERSONN	EL, CASHIER	CHAD	CELLSHOP	8,320-8,580 PESOS		TEMPORARY	N
5/23/2022	3/10/2023	SALES PERS	ONNEL	BRODETH	I MARKETING	8,800-9,200 PESOS		TEMPORARY	N
				,					
		,							
·				-					
				-					
				·	416				
SIGNA	ATURE	9	(Con	tinue on separate sheet	t if necessary) DATE		07-21-2023		
								DRM 212 (Revised 201	7). Page 2 of 4

VI. VOL	UNTARY WORK OR INVOLVEM	ENT IN CIVIC / NON-GOVER	RNMENT / F	PEOPLE / VC	DLUNTARY C	RGANIZATIO	ON/S	
29.	NAME & ADDRESS OF (Write in fu			VE DATES Id/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A								
		-						
		. .						
-								
-								
VII. LE	ARNING AND DEVELOPMENT (nue on separate VINING PRO					
30. TIT	LE OF LEARNING AND DEVELOPMENT INT (Write in fu	TERVENTIONS/TRAINING PROGRAMS	I ATTEN	E DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
N1/A			From	То		i ecnnical/etc)		
N/A		-						
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		(Cont.)		ahaat if maaaaa				
VIII. OT	THER INFORMATION	(Conti	nue on separate	sneet ii necessa	ll <i>y)</i>			
31.	SPECIAL SKILLS and HOBBIES	32. NON-A	CADEMIC DISTII (Write	NCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	ENCODING		N/A					
	COMPUTER SKILLS							
	COOKING							
		(0.00	nuo on con	chaot if ne	nn()			
	SIGNATURE	Conti	nue on separate	oncer II Hecessa		ATE	07-21-2023	

34. Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has						
Bureau or Department where you will be apppoi						
a. within the third degree?						
b. within the fourth degree (for Local Governme	ent Unit - Career Employees)?	If VEC give det	aile:			
		If YES, give details:				
35. a. Have you ever been found guilty of any admir	istrative offense?	-	:			
		If YES, give details:				
			· · · · · · · · · · · · · · · · · · ·			
b. Have you been criminally charged before any	court?					
		If YES, give details:				
		Date Filed: tatus of Case/s:				
36. Have you ever been convicted of any crime or v	olation of any law, decree,					
ordinance or regulation by any court or tribunal	?	If YES, give det	ails:			
37. Have you ever been separated from the service resignation, retirement, dropped from the rolls,		161/50 : 1 :				
term, finished contract or phased out (abolition		If YES, give details: REASSIGN				
38. a. Have you ever been a candidate in a national	or local election held within the					
last year (except Barangay election)?		If YES, give details	S:			
b. Have you resigned from the government serv						
period before the last election to promote/activ		If YES, give details	S:			
39. Have you acquired the status of an immigrant of country?	or permanent resident of another					
		If YES, give details (country):				
40. Pursuant to: (a) Indigenous People's Act (RA 83	71); (b) Magna Carta for	-				
Disabled Persons (RA 7277); and (c) Solo Parer	its Welfare Act of 2000 (RA 8972)					
Are you a member of any indigenous group?		 If YES, please specify:				
Are you a person with disability?						
Are you a solo parent?		If YES, please specify ID No:				
Are you a solo parent:		If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to a	applicant /appointee)					
NAME	ADDRESS	TEL. NO.				
ANNIE A. PARMIS	VISCA, BAYBAY CITY, LEYTE	9154384726				
VALERIE Y. VERGIS	VISCA, BAYBAY CITY, LEYTE	9956986060	(4)			
DYAN S. AGORDO	MAYBOG, BAYBAY LEYTE	9565367337				
42. I declare under oath that I have personally account true correct and complete etatement pursuant			15.4			
true, correct and complete statement pursuant regulations of the Republic of the Philippines. I	authorize the agency head/authorize		From L. From			
representative to verify/validate the contents s misrepresentation made in this document and		,	PHOTO			
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Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance			Carrier .			
Government Issued ID: NATIONAL ID	>					
ID/License/Passport No 6170-3780-4913-5834						
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Date/Place of Issuance: 3-26-2022/BAYBAY CITY		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this—						
	ath					
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Yes/No Cstat Gender Yes Single Male No Married Female Separated

Separated Widowed