

## 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)

2. SURNAME	ALBARICO		
FIRST NAME	NIÑA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GRANADA		
3. DATE OF BIRTH (mm/dd/yyyy)	06/08/1989	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:
4. PLACE OF BIRTH	BAYBAY CITY, 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 n/a House/Block/Lot No. Street n/a Palhi Centro Left Subdivision/Village Barangay Baybay City Leyte City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.55	18. PERMANENT ADDRESS	n/a n/a House/Block/Lot No. Street n/a Palhi Centro Left Subdivision/Village Barangay Baybay City Leyte City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	48 Kgs.		
9. BLOOD TYPE	B+		
10. GSIS ID NO.	n/a		
11. PAG-IBIG ID NO.	1210-9524-8645	19. TELEPHONE NO.	na
12. PHILHEALTH NO.	13-050142113-9	20. MOBILE NO.	0985-455-7745
13. SSS NO.	06-2876689-4	21. E-MAIL ADDRESS (if any)	nenia885@gmail.com / nina.albarico@yahoo.com
14. TIN NO.	270-370-082		
15. AGENCY EMPLOYEE NO.	n/a		

22. SPOUSE'S SURNAME	ALBARICO		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	FRANZELL	NAME EXTENSION (JR., SR)	ALBARICO, FRANZNIN ANGELO GRANADA	07/17/2008
MIDDLE NAME	JOSOL		ALBARICO, FRANCOIS ANTOINE GRANADA	16/03/2014
OCCUPATION	TRICYCLE DRIVER		ALBARICO, FRANZXIAN ANDREE GRANADA	01/02/2018
EMPLOYER/BUSINESS NAME	N/A		ALBARICO, FRANZXIA AUDREE GRANADA	04/21/2019
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GRANADA (deceased)			
FIRST NAME	NESTOR	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PONDOLANAN			
25. MOTHER'S MAIDEN NAME	VARRON			
SURNAME	GRANADA			
FIRST NAME	REBECCA			
MIDDLE NAME	TORION			

(Continue on separate sheet if necessary)

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	PALHI ELEMENTARY SCHOOL	GRADUATED	1996.	2001.		2001	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	GRADUATED	2001.	2005.		2005	N/A
VOCATIONAL / TRADE COURSE							
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR SCIENCE IN COMMERCE MAJOR IN BANKING AND FINANCE	2005.	2010.		2010	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	<i>Albarico</i>	DATE	11-28-2023
-----------	-----------------	------	------------

[illegible]

## V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>Hwaicong</i>	DATE	
-----------	-----------------	------	--

# 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				
	N/A				
	N/A				

(Continue on separate sheet if necessary)

## VII. LEARNING AND DEVELOPMENT (LD) INTERVENTIONS/ TRAINING PROGRAMS ATTENDED

(Short form and must record LD/Training programs and interventions by the respondent's Department/Office/Unit/Division/Section/Manpower/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			
	ISO Awareness and Reawareness Webinar	08/29/2023	08/29/2023	4 hours		EDGARDO E. TULIN University President
	Mental Health Awareness Seminar	04/25/2023	04/25/2023	4 hours		HONEY SOFIA V. COLIS - HRMO Director
	ISO Awareness and Reawareness Seminar	8/29/2022	8/29/2022			EDGARDO E. TULIN University President
	Orientation/Re-orientation of Duties and Responsibilities of dDRC and AdDRC's and Cascading of Documents and Records Control Procedure Manuals and Guidelines	09/07/2022	09/07/2022	4 hours		PAMELA P. ORAÑO University Document and Records Controller
	N/A					
	N/A					
	N/A					
	N/A					
	N/A					
	N/A					
	N/A					
	N/A					
	N/A					
	N/A					
	N/A					
	N/A					
	N/A					
	N/A					
	N/A					
	N/A					
	N/A					

(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)
	PLAYING VOLLEYBALL				Baybay Women's Volleyball Association
	DRIVING MOTORCYCLE				

(Continue on separate sheet if necessary)

SIGNATURE	DATE
-----------	------

*[Handwritten Signature]*



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,

a. within the third degree?

b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES ☐ NO

☐ YES ☐ NO

If YES, give details: \_\_\_\_\_

35. a. Have you ever been found guilty of any administrative offense?

☐ 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 any law, decree, ordinance or regulation by any court or tribunal?

☐ YES ☐ NO

If YES, give details: \_\_\_\_\_

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?

☐ YES ☐ NO

If YES, give details: \_\_\_\_\_

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

☐ YES ☐ NO

If YES, give details: \_\_\_\_\_

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?

☐ YES ☐ NO

If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☐ NO

If YES, give details (country): \_\_\_\_\_

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:

a. Are you a member of any indigenous group?

☐ YES ☐ NO

If YES, please specify: \_\_\_\_\_

b. Are you a person with disability?

☐ YES ☐ NO

If YES, please specify ID No: \_\_\_\_\_

c. Are you a solo parent?

☐ YES ☐ NO

If YES, please specify ID No: \_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL NO.
DR. CHARIS B. LIMBO - RIVERA	VSU, BAYBAY CITY, LEYTE	1046
DR. AVELINA OCLINARIA	R MAGSAYSAY AVE. BAYBAY, LEYTE	1037
MIRRIAM M. DELA TORRE	HIPUSNGO, BAYBAY CITY, LEYTE	1080

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.

  
 Nina G. ALBARICO


Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
 PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: Driver's License

ID/License/Passport No.: H12-70-001999

Date/Place of Issuance: 6-

  
 Signature (Sign inside the box)  
11-28-2023  
 Date Accomplished

  
 Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

\_\_\_\_\_  
 Person Administering Oath