

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	VALDEO		
FIRST NAME	MA. KATE DEANIELLE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CANAYONG		
3. DATE OF BIRTH (mm/dd/yyyy)	4/12/2002	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	QUEZON CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	☐ Male ☒ Female		
6 CIVIL STATUS	☒ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	ROOM NO. 3 ZONE 4 House/Block/Lot No. Street SITIO TINAB-OK CARIDAD Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	
8. WEIGHT (kg)	50		
9. BLOOD TYPE	AB +	18. PERMANENT ADDRESS	1152 SAN SALVADOR House/Block/Lot No. Street N/A SAN MIGUEL (POB.) Subdivision/Village Barangay PALO LEYTE City/Municipality Province 6501
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	152513001910		
13. SSS NO.	06-4923243-3	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09926766618 / 09458776511
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	valdeo.deanielle@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	VALDEO			
FIRST NAME	KENNETH	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CASTAÑOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	CANAYONG			
FIRST NAME	DERLINA			
MIDDLE NAME	SALDAÑA		(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	TAMBO ELEMENTARY SCHOOL - MAIN	N/A	6/1/2008	3/30/2014	N/A	2014	overall rank 11
SECONDARY	PARAÑAQUE NATIONAL HIGH SCHOOL - MAIN/ LICEO DE CAGAYAN UNIVERSITY - PASEO DEL RIO	N/A	6/1/2014	3/30/2020	N/A	2020	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	DOÑA REMEDIOS TRINIDAD ROMUALDEZ MEDICAL FOUNDATION, INC.	BACHELOR OF SCIENCE IN MEDICAL BIOLOGY	9/21/2020	9/29/2024	N/A	2024	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 25, 2024
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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	88.8	3/3/2024	TACLOBAN, LEYTE	N/A	N/A
	CAREER SERVICE HONOR GRADUATE ELIGIBLE	N/A	10/23/2024	PALO, LEYTE	N/A	N/A
	*** NOTHING	FOLLOWS	***			

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	OCTOBER 25, 2024
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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		
	TACLOBAN CITY RESCUE (TACRU)	2/29/2024	PRESENT	N/A	SENIOR VOLUNTEER
	RTRMF MEDICAL BIOLOGY SOCIETY	10/1/2022	9/4/2023	N/A	PRESIDENT
	RTRMF SUPREME STUDENT COUNCIL	10/1/2022	9/4/2023	N/A	AUDITOR
	RTRMF MEDICAL BIOLOGY SOCIETY	9/4/2023	6/5/2024	N/A	4TH YEAR REPRESENTATIVE
	CLIQUE PRODUCTIONS	6/1/2019	3/1/2020	N/A	HEAD WRITER, EDITOR, PHOTOGRAPHER
	THE SPARK	6/1/2017	3/1/2018	N/A	NEWS EDITOR, NEWS WRITER
	***	NOTHING	FOLLOWS		***

(Continue on separate sheet if necessary)

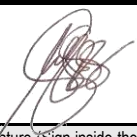
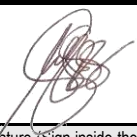
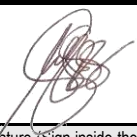
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)
		From	To		
	MAPPING (PSTA NG MAPA 2023)	11/21/2023	11/23/2023	26.0	N/A
	RESEARCH FORUM 2023	10/1/2023	10/1/2023	9.0	N/A
	RESEARCH FORUM 2024	9/25/2024	9/25/2024	9.0	N/A
	WATER SAFETY AND RESCUE TRAINING	3/11/2024	3/15/2024	N/A	N/A
	AMBULANCE OPERATION	3/6/2024	3/8/2024	N/A	N/A
	BASIC LIFE SUPPORT/FIRST AID	3/11/2024	3/15/2024	N/A	N/A
	SIBYA 9TH CONGRESS SEMINAR/AWARDS			N/A	N/A
	RSPC WORKSHOP/SEMINAR			N/A	N/A
	DSPC WORKSHOP/SEMINAR			N/A	N/A
	"THE SPARK" WORKSSHOP			N/A	N/A
	JOURNALISM SUBJECT TRAINING			N/A	N/A
	TLE-ICT MS AND COMPUTER WORKSHOP			N/A	N/A
	ELEMENTARY JOURNALISM WORKSHOP			N/A	N/A
	***	NOTHING	FOLLOWS		***

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION		
31.	32.	33.
SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
LEADERSHIP	LEADERSHIP AWARD	RTRMF
RESEARCH	MOST OUTSTANDING RESEARCH FOR UNDERGRADUATE STUDY	RTRMF
MULTIMEDIA ARTS	SPECIAL COMMENDATION FOR MULTIMEDIA ARTS	LICEO DE CAGAYAN UNIVERSITY (LDCU)
WRITING AND JOURNALISM	DISTINCTION IN CAMPUS JOURNALISM	LICEO DE CAGAYAN UNIVERSITY (LDCU)
	*** NOTHING FOLLOWS ***	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	OCTOBER 25, 2024
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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? b. Have you been criminally charged before any court?	☐ YES ☒ NO If YES, give details: _____ ☐ 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)? 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: _____ ☐ 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? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☒ NO If YES, please specify: _____ ☐ YES ☒ NO If YES, please specify ID No: _____ ☐ YES ☒ NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) <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>FATIMA MARIZ ALMENARIO - GAMMAD, MSc</td> <td>RTRMF</td> <td>N/A</td> </tr> <tr> <td>ROSALIE D. BARRETO, RPT, MAEd, MB</td> <td>RTRMF</td> <td>N/A</td> </tr> <tr> <td>KATRINA OBEJERA</td> <td>OWWA</td> <td>0919-003-7320</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	FATIMA MARIZ ALMENARIO - GAMMAD, MSc	RTRMF	N/A	ROSALIE D. BARRETO, RPT, MAEd, MB	RTRMF	N/A	KATRINA OBEJERA	OWWA	0919-003-7320
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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.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PhilID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>5726-5906-7327-8503</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>APRIL 15, 2023</td> </tr> </table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	PhilID	ID/License/Passport No.:	5726-5906-7327-8503	Date/Place of Issuance:	APRIL 15, 2023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  Signature (Sign inside the box) OCTOBER 25, 2024 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) OCTOBER 25, 2024 Date Accomplished	
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath													



PHOTO

Right Thumbmark