

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	DURNA			
	FIRST NAME	DANIELLE ANNE	NAME EXTENSION (JR., SR)	
	MIDDLE NAME	ROSAUPAN		
3. DATE OF BIRTH (mm/dd/yyyy)	5/9/1998	16. CITIZENSHIP  If holder of dual citizenship, please indicate the details.	<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	BAYBAY CITY			
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS  ZIP CODE	BLOCK 28 LOT 08 DAVAO-LEYTE STREET <i>House/Block/Lot No. Street</i> KASSEL CITY BARANGAY 91 ABUCAY <i>Subdivision/Village Barangay</i> TACLOBAN CITY LEYTE <i>City/Municipality Province</i> 6500	
7. HEIGHT (m)	1.55m			
8. WEIGHT (kg)	55KG			
9. BLOOD TYPE	O		18. PERMANENT ADDRESS  ZIP CODE	BLOCK 28 LOT 08 DAVAO-LEYTE STREET <i>House/Block/Lot No. Street</i> KASSEL CITY BARANGAY 91 ABUCAY <i>Subdivision/Village Barangay</i> TACLOBAN CITY LEYTE <i>City/Municipality Province</i> 6500
10. GSIS ID NO.	N/A			
11. PAG-IBIG ID NO.	922114463374			
12. PHILHEALTH NO.	13-250360269-9			
13. SSS NO.	35-0262207-7	19. TELEPHONE NO.	N/A	
14. TIN NO.	772840951000	20. MOBILE NO.	09089242791	
15. AGENCY EMPLOYEE NO.	08-0005650	21. E-MAIL ADDRESS (if any)	durnadanielleanne@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	NAME EXTENSION (JR., SR)		
	MIDDLE NAME			
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DURNA			
	FIRST NAME	GARYZALDE		
	MIDDLE NAME	LUBAY		
25. MOTHER'S MAIDEN NAME				
	SURNAME	ROSAUPAN		
	FIRST NAME	MYRA		
	MIDDLE NAME	MADERAZO		
(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	RIZAL CENTRAL SCHOOL	ELEMENTARY	2005	2011		2011	N/A
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2011	2015		2015	N/A
VOCATIONAL /	N/A		N/A	N/A		N/A	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN CIVIL ENGINEERING	2015	2020		2020	N/A
GRADUATE STUDIES	DR. V. ORESTES ROMUALDEZ EDUCATIONAL FOUNDATION, INC. (DVOREF)	JURIS DOCTOR	2021	PRESENT	64	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	05/15/2023
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#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

**(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)**

<b>SIGNATURE</b>		<b>DATE</b>	05/15/2023
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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		
CIRCULA LEGIS	3/9/2021	PRESENT		MEMBER
VALLEY - TC	1/6/2009	PRESENT		MEMBER
ROTARACT - SCHOOL CHAPTER	1/4/2017	3/6/2020		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			
SOCIAL PENSION PROGRAM SYSTEMS REVIEW	9/2/2022	10/2/2022	16.0		DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
INTRODUCTION TO FLUTTER APP FRAMEWORK	10/18/2022	10/20/2022	24.0		DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
ORIENTATION ON ENHANED AND DOCUMENT TRANSACTION MANAGEMENT SYSTEMS VERSION 2.0 AND BASIC ORIENTATION ON RECORDS MANAGEMENT	8/11/2022	10/11/2022	24.0		DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DISCOVER THE NEW TREND: VIDEO CONFERENCING TOOLS TO INCREASE PRODUCTIVITY	07/21/2020	07/21/2020	2.5		DEPARTMENT OF INFORMATION COMMUNICATION AND TECHNOLOGY
EXPLORING VIRTUAL PLATFORMS FOR DIGITAL EDUCATION	8/7/2020	8/7/2020	2.0		DEPARTMENT OF INFORMATION COMMUNICATION AND TECHNOLOGY
SEMINAR ON RESEARCH AND FEASIBILITY STUDY	02/15/2019	02/15/2019	8.0		PHILIPPINE INSTITUTE OF CIVIL ENGINEERING - SCHOOL CHAPTER
SYMPOSIUM ON RA9184 (PROCUREMENT LAW)	8/11/2019	8/11/2019	16.0		PHILIPPINE INSTITUTE OF CIVIL ENGINEERING - SCHOOL CHAPTER





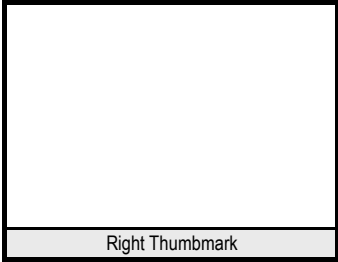

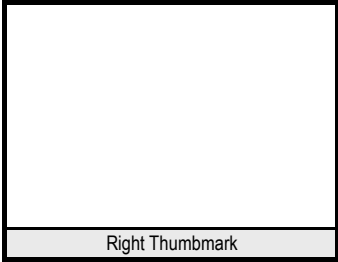

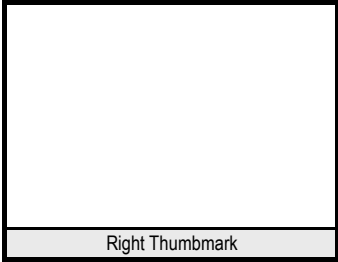



(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
GRAPHIC DESIGNING	ATHLETE OF THE YEAR (2010, 2011, 2014, 2015, & 2020)	CIRCULA LEGIS
SOCIAL MEDIA MANAGEMENT	BEST LIBER - EVRAA 2015	VALLEY - TC
VIDEO EDITING	PALARONG PAMBANSA - REGION 8 DELAGATE (2009-2011 & 2014-2015)	ROTARACT - SCHOOL CHAPTER
PHOTO EDITING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	05/15/2023
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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)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>ANN KERSTINE BASTINEN</td><td>CEBU CITY</td><td>9276234198</td></tr><tr><td>ROBERT S. CECILIA JR.</td><td>TACLOBAN CITY</td><td>917643796</td></tr><tr><td>DUKE RENZ PENARANDA</td><td>TACLOBAN CITY</td><td>9260222160</td></tr></table>		NAME	ADDRESS	TEL. NO.	ANN KERSTINE BASTINEN	CEBU CITY	9276234198	ROBERT S. CECILIA JR.	TACLOBAN CITY	917643796	DUKE RENZ PENARANDA	TACLOBAN CITY	9260222160
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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><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td></tr><tr><td>PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PHILHEALTH ID</td></tr><tr><td>ID/License/Passport No.: 13-250360269-9</td></tr><tr><td>Date/Place of Issuance: SEPTEMBER 2019</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: PHILHEALTH ID	ID/License/Passport No.: 13-250360269-9	Date/Place of Issuance: SEPTEMBER 2019	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>05/15/2023</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	05/15/2023	Date Accomplished			
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
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