

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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 N (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	BORNEO		
FIRST NAME	ANDREA MARIE	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	FLANDEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	2/21/1998	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, LEYTE		
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	<div>House/Block/Lot No. Street</div> <div>SAN ISIDRO</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY CITY LEYTE</div> <div>City/Municipality Province</div> <div>6521-A</div>
7. HEIGHT (m)	1.67		
8. WEIGHT (kg)	61		
9. BLOOD TYPE	O		
10. GSIS ID NO.		18. PERMANENT ADDRESS ZIP CODE	<div>House/Block/Lot No. Street</div> <div>SAN ISIDRO</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY CITY LEYTE</div> <div>City/Municipality Province</div> <div>6521-A</div>
11. PAG-IBIG ID NO.	121-2-3598-5213		
12. PHILHEALTH NO.	1325-0356-4495		
13. SSS NO.			
14. TIN NO.	349-587-455	19. TELEPHONE NO.	N/A
15. AGENCY EMPLOYEE NO.		20. MOBILE NO.	09518515704
		21. E-MAIL ADDRESS (if any)	borneoandre123@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)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	BORNEO			
FIRST NAME	DOUGLAS	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BLANCO			
25. MOTHER'S MAIDEN NAME				
SURNAME	FLANDEZ			
FIRST NAME	CLEOFE			
MIDDLE NAME	MANDANTES		(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	BAYBAY I CENTRAL SCHOOL	PRIMARY EDUCATION	2004	2010		2010	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SCIENCE AND TECHNOLOGY ENGINEERING PROGRAM (STEP)	2010	2014		2014	N/A
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	2014	2018		2018	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF EDUCATION	2019	PRESENT	36 UNITS		
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		July 16, 2021		



IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

<i>(Continue on separate sheet if necessary)</i>							
SIGNATURE				DATE		July 17, 2021	

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		

(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			
	SILIMAN UNIVERSITY, SUMMER CAMP ON EDUCATIONAL TECHNOLOGY FOR 21ST	4/29/2019	5/3/2019	40 HOURS		CHED

(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)
	N/A			

<i>(Continue on separate sheet if necessary)</i>			
SIGNATURE		DATE	July 16, 2021

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 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><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div></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><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ _____</div></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><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></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><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></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><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div></div>												
	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div>												
	<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></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>RICK ANGELO PIAMONTE</td><td>Pfizer Inc, PHR Tacloban City</td><td>9175538217</td></tr><tr><td>JOYCE ANN AMARILLE</td><td>DEPED</td><td>9261891783</td></tr><tr><td>MELINDA L. LAVEGA</td><td>Department of Teacher Education, VSU</td><td>9482880133</td></tr></table>		NAME	ADDRESS	TEL. NO.	RICK ANGELO PIAMONTE	Pfizer Inc, PHR Tacloban City	9175538217	JOYCE ANN AMARILLE	DEPED	9261891783	MELINDA L. LAVEGA	Department of Teacher Education, VSU	9482880133
NAME	ADDRESS	TEL. NO.											
RICK ANGELO PIAMONTE	Pfizer Inc, PHR Tacloban City	9175538217											
JOYCE ANN AMARILLE	DEPED	9261891783											
MELINDA L. LAVEGA	Department of Teacher Education, VSU	9482880133											
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.													
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PRC</div> <div>ID/License/Passport No.: 1692079</div> <div>Date/Place of Issuance: 12/27/2018 / ORMOC CITY</div>	<div></div> <div>Signature (Sign inside the box) 07-16-21</div> <div>Date Accomplished</div>												
<div></div> <div>Right Thumbmark</div>													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div></div> <div>Person Administering Oath</div>													



PHOTO

