| Revised 2017 | PERSON | IAL DATA | SH | IEET | • | | | |
|--|---|--------------------------------------|----------------------|----------------------------------|------------|---------------|----------------------------------|--------------------|
| against the person concerned. READ THE ATTACHED GUIDE | ion made in the Personal Data She | DATA SHEET (PDS) BEFOR | E ACCOM | PLISHING TH | E PDS F | ORM. | ive/criminal | |
| Print legibly. Tick appropriate boxes I. PERSONAL INFORMATION | () and use separate sheet if necessary | ary. Indicate N/A if not applicable. | DO NOT A | ABBREVIATE. | 1. CS ID N | (DC | not till up. For | CSC use only |
| 2. SURNAME | BORNEO | | | | | | | |
| FIRST NAME | ANDREA MARIE | | | | | NAME EXTEN | ISION (JR., SR) | N/A |
| MIDDLE NAME | | | | | | | | |
| 3. DATE OF BIRTH | FLANDEZ | | √ Fili | _ | Dual Citi | | | |
| (mm/dd/yyyy) | 2/21/1998 | 16. CITIZENSHIP | | Ц | by bir | by natura | lization | |
| 4. PLACE OF BIRTH | ☐ MaBAYBA☑DIFe/maleYTE | If holder of dual citizensh | | | | | | |
| 5. SEX | Single Married Widowed Separated | please indicate the detail | s. | | | | | |
| 6 CIVIL STATUS | Other/s: | 17. RESIDENTIAL ADDRESS | | ise/Block/Lot No. | | | Street SAN ISIDRO Barangay |) |
| 7. HEIGHT (m) | 1.67 | | | BAYBAY CITY | | | LEYTE | |
| 8. WEIGHT (kg) | 63 | ZIP CODE | Ci | ity/Municipality | 652 | ?1-A | Province | |
| 9. BLOOD TYPE | 0 | 18. PERMANENT ADDRESS | | | | | | |
| 10. GSIS ID NO. | | <u>-</u> | | ise/Block/Lot No. | | | SAN ISIDRO |) |
| 11. PAG-IBIG ID NO. | 121-2-3598-5213 | - | Sui | bdivision/Village BAYBAY CITY | | | Barangay LEYTE | |
| | | 710 CODE | C | ity/Municipality | | | Province | |
| 12. PHILHEALTH NO. | 1325-0356-4495 | ZIP CODE | | 6521-A | N | /A | | |
| 13. SSS NO. 14. TIN NO. | 349-587-455 | 19. TELEPHONE NO. 20. MOBILE NO. | | | | 515704 | | |
| 15. AGENCY EMPLOYEE NO. | 343-301-433 | | | | | | | |
| II. FAMILY BACKGROUND | | 21. E-MAIL ADDRESS (if any) | | andreama | rie.bor | neo@vs | u.edu.ph | |
| 22. SPOUSE'S SURNAME | N/A | 2 | 3. NAME of C | CHILDREN (Write | full name | and list all) | | F BIRTH |
| FIRST NAME | | NAME EXTENSION (JR., SR) | | N/A | | | (mini/d | d/yyyy) |
| MIDDLE NAME | | | | | | | | |
| OCCUPATION | | | | | | | | |
| EMPLOYER/BUSINESS NAME | | | | | | | | |
| BUSINESS ADDRESS | | | | | | | | |
| TELEPHONE NO. | | | | | | | | |
| 24. FATHER'S SURNAME | BORNEO | | | | | | | |
| FIRST NAME | DOUGLAS | NAME EXTENSION (JR., SR) | | | | | | |
| | BLANCO | | | | | | | |
| MIDDLE NAME 25. MOTHER'S MAIDEN NAME | BLANCO | | | | | | | |
| | ELANDEZ | | | | | | | |
| SURNAME | FLANDEZ | | | | | | | |
| FIRST NAME | CLEOFE | | | | | | | |
| MIDDLE NAME | MANDANTES | | _ | (Continue o | on separat | e sheet if ne | ecessary) | _ |
| III. EDUCATIONAL BACKGI | NAME OF SCHOOL | | | | | LEVEL/ | YEAR | SCHOLARSHIP/ |
| 26. LEVEL | (Write in full) | BASIC EDUCATION/DEGREE/COUI (Wi | RSE rite in full) | PERIOD OF ATTE | | UNITS | GRADUATE D | ACADEMIC HONORS |
| ELEMENTARY | BAYBAY I CENTRAL SCHOOL | PRIMARY EDUCATION | | From 2004 | To 2010 | EARNED | | RECEIVED N/A |
| SECONDARY | BAYBAY NATIONAL HIGH SCHOOL | SCIENCE AND TECHNOLOGY ENGINEE | RING | 2010 | 2014 | | | N/A |
| VOCATIONAL / | N/A | PROGRAM (STEP) | | | | | | |
| COLLEGE | VISAYAS STATE UNIVERSITY | BACHELOR OF SECONDARY EDU | ICATION | 2014 | 2018 | | 2018 | N/A |
| GRADUATE STUDIES | VISAYAS STATE UNIVERSITY | MASTER OF EDUCATIO | | | 2022 | | | N/A |
| I. VIOS. II E O I ODIEO | | ntinue on separate sheet if necessa | | | | | | |
| SIGNATURE | | | | DATE | | | January 30, 20 | 023 |

| IV. CIVIL | SERVICE EL | .IGIBILITY | | | | | | | |
|--|----------------|---------------------------|-----------------------------|---------------------------|--------------------------|-------------------|-----------------------|---------------------|--|
| 27. CARE | ER SERVICE/ RA | 1080 (BOARD/ BAR) UNDER | RATING | DATE OF | | | | LICENSE (if a | applicable) |
| SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | | (If Applicable) | EXAMINATION / CONFERMENT | CONFERMENT | | IFERMENT NUMBER | | Date of Validity | |
| BOARD | LICENSURE I | EXAM FOR TEACHER | 76.8 | 09/30/2018 | 8 TACLOBAN CITY | | 1689422 | 2/21/2021 | |
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| | | | (Continue o | on separate sheet if nece | essary) | | | | |
| V. WORK | EXPERIENC | CE | | | | | | | |
| (Include pr | rivate employr | ment. Start from your red | ent work) Descrip | tion of duties shou | ld be indicated in the | attached | d Work E | xperience she | et. |
| | USIVE DATES | POSITION TITLE | | DEPARTMENT / AGENC | CY / OFFICE / COMPANY | MONTHLY | JOB/ PAY GRADE (if | STATUS OF | SERVICE |
| | mm/dd/yyyy) | not abbrevi | (Write in full/Do | | Do not abbreviate) | MONTHLY SALARY | applicable)& STEP | APPOINTMENT | |
| From | То | | • | · | EACHER EDUCATION- | | (Format "00- | | |
| 1/10/2019 | PRESENT | PART-TIME INS | TRUCTOR | VSU Mai | n Campus | P15,000 | | JOB ORDER | Y |
| 7/6/2018 | 1/6/2019 | ESL TEAC | HER | | AYAS-Zett A English demy | P13,500 | | TEMP | Υ |
| | | | | 7100 | uomy | | | | |
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| (Continue on separate sheet if necessary) | | | | | | | | |
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| SIGNATURE | | | DATE | | 1/30/2023 | | | |

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| VI. VOLUNTARY WORK OR INVOLVEMENT | IN CIVIC / NO | N-GOVERNM | IENT / PEOPL | E / VOLUNTAR | RY ORGANIZATION/S |
|--|-------------------------|-------------------|--------------------|--------------------------------|--|
| 29. (Write in full) | INCLUSIVE DATE | (mm/dd/vvvv) | NUMBER OF HOURS | | POSITION / NATURE OF WORK |
| | From | То | | | |
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| VII. LEARNING AND DEVELOPMENT (L&D) | | ue on separate sh | | IS ATTENDED | _ |
| (Start from the most recent L&D/training program and include | | | | | on Chief/Executive/Managerial positions) |
| 30 TITLE OF LEARNING AND DEVELOPMENT | INCLUSIVE ATTENDANCE | DATES OF | | Type of LD (Managerial/ | CONDUCTED/ SPONSORED BY |
| INTERVENTIONS/TRAINING PROGRAMS (Write in full) | From | То | NUMBER OF HOURS | Supervisory/ Technical/etc) | (Write in full) |
| SILIMAN UNIVERSITY, SUMMER CAMP ON EDUCATIONAL TECHNOLOGY FOR 21ST | 4/29/2019 | 5/3/2019 | 40 HOURS | | CHED |
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| VIII. OTHER INFORMATION | (Contin | ue on separate sh | leet if necessary) | _ | _ |
| | NON-ACADEMIC | DISTINCTIONS / R | ECOGNITION | (Mile in full) | WILWIDERSTIIF IN 33. ASSOCIATION/ORGANIZATION |
| Social Modia Managar The Hanny Det by Lorge | | | | (Write in full) | (Write |
| Social Media Manager-The Happy Pot by Lorge | | | | | |
| | | | | | |

| | (Continue on separate sheet if necessary) | | | | | | |
|-----------|---|------|-----------|--|--|--|--|
| SIGNATURE | | DATE | 1/30/2023 | | | | |

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| 34. | Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed, | | | | | | |
|-----|---|---|--|--------------------|--|--|--|
| | a. within the third degree? | YES | ✓ NO | | | | |
| | b. within the fourth degree (for Local Government Unit - Care | er Employees)? | YES | _ NO | | | |
| | | | If YES, give detai | ls: | | | |
| | | | | | | | |
| 35. | a. Have you ever been found guilty of any administrative offe | nse? | YES | ✓ NO | | | |
| | | | If YES, give detai | 15. | | | |
| | | | | | | | |
| | b. Have you been criminally charged before any court? | | │ | ☑ NO ils: | | | |
| | | Date Filed: | | | | | |
| | | | | | | | |
| 36. | Have you ever been convicted of any crime or violation of any regulation by any court or tribunal? | y law, decree, ordinance or | YES | ✓ NO | | | |
| | regulation by any court of theathar: | | If YES, give detai | ls: | | | |
| 27 | Have you ever been consisted from the consiste in any of the | following modes: regignation | | | | | |
| 31. | Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, end | | YES If YES, give detai | ✓ NO lls: | | | |
| | phased out (abolition) in the public or private sector? | | | | | | |
| 38. | a. Have you ever been a candidate in a national or local election (except Barangay election)? | tion held within the last year | YES | ✓ NO | | | |
| | | | If YES, give details: | | | | |
| | b. Have you resigned from the government service during the the last election to promote/actively campaign for a national of | | ☐ YES ☑ NO If YES, give details: | | | | |
| 39. | Have you acquired the status of an immigrant or permanent r | | | | | | |
| | , , , , , , , , , , , , , , , , , , , | · | ☐ YES ☑ NO If YES, give details (country): | | | | |
| | | | | | | | |
| 40. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magi (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89 | | | | | | |
| a. | Are you a member of any indigenous group? | 72), picase answer the following | □ VEC | [] NO | | | |
| | , | | If YES, please speci | √ NO fy: | | | |
| b. | Are you a person with disability? | | ☐ YES ☑ NO If YES, please specify ID No: | | | | |
| C. | Are you a solo parent? | | YES | | | | |
| | | | If YES, please speci | fy ID No: | | | |
| 41. | REFERENCES (Person not related by consanguinity or affinity to applicant /a | appointee) | | | | | |
| | NAME | ADDRESS | TEL. NO. | | | | |
| | RICK ANGELO PIAMONTE | Pfizer Inc, PHR Tacloban City | 9175538217 | | | | |
| | JOYCE ANN AMARILLE | DEPED | 9261891783 | | | | |
| | MELINDA L. LAVEGA | Department of Teacher | 9482880133 | | | | |
| 42. | I declare under oath that I have personally accomplished this | Education, VSU Personal Data Sheet which is a t | rue, correct and | | | | |
| | complete statement pursuant to the provisions of pertinent I Philippines. I authorize the agency head/authorized represen | | | S A V AV 36 | | | |
| | I agree that any misrepresentation made in this docur | | | РНОТО | | | |
| | administrative/criminal case/s against me. | | | l ———— | | | |
| P | IOVERTIMENT ISSUED TO (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) | | | i | | | |
| عل | PLEASE INDICATE ID Number and Date of | | | | | | |
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| ID | 0/License/Passport No.: 1692079 | the box) |] | | | | |
| Da | ate/Place of Issuance: 12/27/2018 / ORMOC CITY | 1/30/2023 Date Accomplish | ed | Right Thumbmark | | | |
| SUB | SCRIBED AND SWORN to before me this | , affiant exhibiting his/her validly i | ssued government ID as | s indicated above. | | | |
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| | | Person Administering | Oath | | | | |
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