

# 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 No.

(Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

|                               |                                                                                                                                                                                         |                                                             |                                                                                                                                                                                                             |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. SURNAME                    | MORENO                                                                                                                                                                                  |                                                             |                                                                                                                                                                                                             |
| FIRST NAME                    | DIANNE CHRISIE                                                                                                                                                                          | NAME EXTENSION (JR., SR.)                                   |                                                                                                                                                                                                             |
| MIDDLE NAME                   | COME                                                                                                                                                                                    |                                                             |                                                                                                                                                                                                             |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 08/27/2000                                                                                                                                                                              | 16. CITIZENSHIP                                             | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>P/s. Indicate country. |
| 4. PLACE OF BIRTH             | LAPAZ, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS                                     | M. RADAM ST.<br>House/Block of No. Street<br>Subdivision/Village Barangay<br>LA PAZ LEYTE<br>City/Municipality Province<br>ZIP CODE 6508                                                                    |
| 7. HEIGHT (m)                 | 1.54 m                                                                                                                                                                                  | 18. PERMANENT ADDRESS                                       | M. RADAM ST.<br>House/Block of No. Street<br>Subdivision/Village Barangay<br>LA PAZ LEYTE<br>City/Municipality Province<br>ZIP CODE 6508                                                                    |
| 8. WEIGHT (kg)                | 42 kg                                                                                                                                                                                   | 19. TELEPHONE NO.                                           | N/A                                                                                                                                                                                                         |
| 9. BLOOD TYPE                 | O                                                                                                                                                                                       | 20. MOBILE NO.                                              | 0905-473-2865                                                                                                                                                                                               |
| 10. CSIS ID NO.               | N/A                                                                                                                                                                                     | 21. E-MAIL ADDRESS (if any)                                 | diannechrisie.moreno@gmail.com                                                                                                                                                                              |
| 11. PAG-IBIG ID NO.           | N/A                                                                                                                                                                                     |                                                             |                                                                                                                                                                                                             |
| 12. PHILHEALTH NO.            | 13-025590378-1                                                                                                                                                                          |                                                             |                                                                                                                                                                                                             |
| 13. SSS NO.                   | 06-4476617-0                                                                                                                                                                            |                                                             |                                                                                                                                                                                                             |
| 14. TIN NO.                   | N/A                                                                                                                                                                                     |                                                             |                                                                                                                                                                                                             |
| 15. AGENCY EMPLOYEE NO.       | N/A                                                                                                                                                                                     |                                                             |                                                                                                                                                                                                             |

## II. FAMILY BACKGROUND

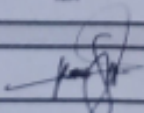
|                          |           |                                                     |                            |
|--------------------------|-----------|-----------------------------------------------------|----------------------------|
| 22. SPOUSE'S SURNAME     | N/A       | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME               | N/A       | N/A                                                 | N/A                        |
| MIDDLE NAME              | N/A       |                                                     |                            |
| OCCUPATION               |           |                                                     |                            |
| EMPLOYER/BUSINESS NAME   |           |                                                     |                            |
| BUSINESS ADDRESS         |           |                                                     |                            |
| TELEPHONE NO.            |           |                                                     |                            |
| 24. FATHER'S SURNAME     | MORENO    |                                                     |                            |
| FIRST NAME               | JEOVANNIE | NAME EXTENSION (JR., SR.)                           |                            |
| MIDDLE NAME              | MAAÑO     |                                                     |                            |
| 25. MOTHER'S MAIDEN NAME |           |                                                     |                            |
| SURNAME                  | COME      |                                                     |                            |
| FIRST NAME               | MARITES   |                                                     |                            |
| MIDDLE NAME              | ZABALA    |                                                     |                            |

(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                | LA PAZ CENTRAL SCHOOL                 | PRIMARY EDUCATION                             | 2006                 | 2012 | GRADUATE                                       | 2012           | WITH HONORS                           |
| SECONDARY                 | ATTY. ROGUE A. MARCOS MEMORIAL SCHOOL | JUNIOR HIGH SCHOOL                            | 2012                 | 2016 | GRADUATE                                       | 2016           | N/A                                   |
| VOCATIONAL / TRADE COURSE | ACLC COLLEGE OF TACLOBAN              | SENIOR HIGH SCHOOL                            | 2016                 | 2018 | GRADUATE                                       | 2018           | WITH HONORS                           |
| COLLEGE                   | VISAYAS STATE UNIVERSITY              | BACHELOR OF SCIENCE IN AGRIBUSINESS           | 2018                 | 2022 | GRADUATE                                       | 2022           | N/A                                   |
| GRADUATE STUDIES          | N/A                                   | N/A                                           | N/A                  | N/A  | N/A                                            | N/A            | N/A                                   |

(Continue on separate sheet if necessary)

|           |                                                                                     |      |            |                                         |
|-----------|-------------------------------------------------------------------------------------|------|------------|-----------------------------------------|
| SIGNATURE |  | DATE | 06-19-2023 | CS FORM 212 (Revised 2017), Page 1 of 4 |
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## VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

| VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED |  |
|------------------------------------------------------------------------------|--|
| 1. Name of the program                                                       |  |
| 2. Description of the program                                                |  |
| 3. Date of attendance                                                        |  |
| 4. Duration of the program                                                   |  |
| 5. Location of the program                                                   |  |
| 6. Name of the trainer                                                       |  |
| 7. Name of the organization                                                  |  |
| 8. Name of the sponsor                                                       |  |
| 9. Name of the participant                                                   |  |
| 10. Name of the supervisor                                                   |  |
| 11. Name of the manager                                                      |  |
| 12. Name of the officer                                                      |  |
| 13. Name of the staff                                                        |  |
| 14. Name of the trainee                                                      |  |
| 15. Name of the participant                                                  |  |
| 16. Name of the participant                                                  |  |
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| 97. Name of the participant                                                  |  |
| 98. Name of the participant                                                  |  |
| 99. Name of the participant                                                  |  |
| 100. Name of the participant                                                 |  |

(List 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)

[illegible]

(Continue on separate sheet if necessary)

#### VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

|           |  |      |  |            |                                         |
|-----------|--|------|--|------------|-----------------------------------------|
| SIGNATURE |  | DATE |  | 05-19-2023 | CS FORM 212 (Revised 2017), Page 2 of 4 |
|-----------|--|------|--|------------|-----------------------------------------|

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or 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)?

☐ 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: \_\_\_\_\_

☐ 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

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. LESMES C. LUMEN         | POB. DIST. I, LA PAZ LEYTE    |          |
| JUL C. CO                   | POB. DIST. IV, LA PAZ, LEYTE  |          |
| GENEVIEVE ANNE Z. DEJARESCO | POB. DIST. III, LA PAZ, LEYTE |          |

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.



Government Issued ID (e.g. Passport, GDS, DDS, PRC, Driver's License,

PLEASE INDICATE ID Number and Date of

ISSUANCE

Government issued ID: POSTAL IDENTITY CARD

ID/License/Passport No.: PRN 11922884208

Date/Place of Issuance: LA PAZ LEYTE

Signature (Sign inside the box)

Date Accomplished

SUBSCRIBED AND SWORN to before me this MAY 18 2023

, affiant exhibiting his/her validly issued government ID as indicated above.

NO. 375  
AGE NO. 76  
BOOK NO. 10  
DUES 2023

KENIL A. L. PEN  
NOTARY PUBLIC, N.C. NO. 2023-06-17

NOTARY DEC. 31, 2023

State-A, then the Notary Public Seal, Page 1 of 2

Notary No. 63998 (DP No. 180604)

PR No. 180604 - 01/05/23

NOTARY CHIEF NO. 101012173