

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.

I. PERSONAL INFORMATION

2. SURNAME	Nuñez		
FIRST NAME	Molley Venice	NAME EXTENSION (JR, SR)	
MIDDLE NAME	N/A	N/A	
3. DATE OF BIRTH (mm/dd/yyyy)	11/23/1999	16. CITIZENSHIP	<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	If holder of dual citizenship, please indicate the details.	Philippines
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"/> Other/s:	17. RESIDENTIAL ADDRESS	Corazon Veloso St. House/Block/Lot No. Street Subdivision/Village Caridad Baybay City Barangay City/Municipality Leyte Province
7. HEIGHT (m)	1.47	ZIP CODE	6521
8. WEIGHT (kg)	48		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	Corazon Veloso St. House/Block/Lot No. Street Subdivision/Village Caridad Baybay City Barangay City/Municipality Leyte Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	121306298842		
12. PHILHEALTH NO.	13-202544699-6		
13. SSS NO.	06-4463130-1	19. TELEPHONE NO.	N/A
14. TIN NO.	372-094-129-00000	20. MOBILE NO.	09955794496
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	mvenicenunez@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			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	N/A		
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	N/A			
FIRST NAME	N/A	NAME EXTENSION (JR, SR)		
MIDDLE NAME	N/A	N/A		
25. MOTHER'S MAIDEN NAME				
SURNAME	Nuñez			
FIRST NAME	Adelle			
MIDDLE NAME	Libres			

(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 HONOR RECEIVED
			From	To			
ELEMENTARY	Caridad Elementary School	N/A	2006	2012	N/A	2012	Valedictorian
SECONDARY	Caridad National High School	General Academic Strand	2012	2018	N/A	2018	With High Honors
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Visayas State University	Bachelor of Science In Statistics	2018	2022	N/A	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	7/06/2023
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[illegible]

## V. WORK EXPERIENCE

[illegible]

**SIGNATURE**

DATE \_\_\_\_\_

7/06/2023



# WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

92 words

Type

NAME & ADDRESS OF ORGANIZATION  
(Write in full)

INCLUSIVE DATES  
(mm/dd/yyyy)

NUMBER OF HOURS

POSITION / NATURE OF WORK

N/A

From

To

N/A

N/A

N/A

N/A

(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)

CONDUCTED/ SPONSORED BY  
(Write in full)

From

To

International Training Program (Facilitator)

5/2/2023

5/12/2023

72 hrs

Technical

Hasselt University, Belgium

Capability Training for College/Department-Based Guidance Facilitators Race Against  
Suicide

4/13/2023

4/13/2023

8 hrs

Foundation

Visayas State University & UNILAB Foundation

(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)

Microsoft Office Proficiency

N/A

N/A

Data Analysis with various statistical software

Encoding

Reading

(Continue on separate sheet if necessary)

SIGNATURE

DATE

7/6/2023

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)


NAME	ADDRESS	TEL. NO.
May Ann E. Palen	Baybay City, Leyte	91178524436
Meralyn R. Lebante	Baybay City, Leyte	9186364693
Paulo G. Batidor	Isabel, Leyte	9684442159

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.



MOLLEY VENICE NUÑEZ

PHOTO



Right Thumbmark

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: Philtravitt

ID/License/Passport No.: 13-10 2544677-6

Date/Place of Issuance:

Signature (Sign inside the box)

1111 06 2023

Date Accomplished

SUBSCRIBED AND SWORN to before me this 1111 06 2023, affiant exhibiting his/her validly issued government ID as indicated above.

DOC. NO. 1067  
PAGE NO. 34  
BOOK NO. 11  
SERIES OF 2023

ATTY. DEC ROSE PAPAPA  
Public Attorney II  
(Pursuant to S.A. 9406)  
Person Administering Oath

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