

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 WRITE IN THESE SPACES (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	LUMAYAG				
FIRST NAME	RACHELLE ANNE	NAME EXTENSION (JR., SR)			
MIDDLE NAME	DIPUTADO				
3. DATE OF BIRTH (mm/dd/yyyy)	12/28/1994	16. CITIZENSHIP	<input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:		
4. PLACE OF BIRTH	Polomolok, South Cotabato	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 <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	34 House/Block/Lot No. Street LAMAK Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province 6524		
7. HEIGHT (m)		18. PERMANENT ADDRESS	34 House/Block/Lot No. Street SAN ROQUE Subdivision/Village Barangay SOGOD SOUTHERN LEYTE City/Municipality Province 6606		
8. WEIGHT (kg)	60		ZIP CODE		
9. BLOOD TYPE	B +		19. TELEPHONE NO.	N/A	
10. GSIS ID NO.	N/A			20. MOBILE NO.	09979225654
11. PAG-IBIG ID NO.	N/A			21. E-MAIL ADDRESS (if any)	lumayagrachelleanned@yahoo.com
12. PHILHEALTH NO.	12-025841604-5				
13. SSS NO.	N/A				
14. TIN NO.	770-691-372				
15. AGENCY EMPLOYEE NO.	N/A				

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		NAME EXTENSION (JR., SR)	
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	LUMAYAG		
FIRST NAME	ANTONIETTO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	DABANDAN		
25. MOTHER'S MAIDEN NAME			
SURNAME	DIPUTADO		
FIRST NAME	ELSIE		
MIDDLE NAME	OCARIS		(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL		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	Felipe Tayko Memorial School					2007	
SECONDARY	Negros Oriental High School					2011	
VOCATIONAL / TRADE COURSE							
COLLEGE	Southern Leyte State University-Main Campus	Bachelor of Science in Industrial Technology-Food Preparation				2020	---
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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IV. CIVIL SERVICE ELIGIBILITY								
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
							NUMBER	Date of Validity
Career Service Subprofessional Eligibility				81.0	10/13/2013	Foundation University, Dumaguete City		
(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.								
28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
	From	To						
	05/10/2020	12/31/2020	COVID19 CONTACT TRACER	Department of Interior and Local Government- Southern Leyte				
(Continue on separate sheet if necessary)								
SIGNATURE					DATE			

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			
	N/A					
(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			
	Building Resilience of LGU's for the New Normal: Embracing the COVID-19 Contact Tracing Work	10/05/2020	10/06/2020		Team Training	Department of Interior and Local Government- Southern Leyte
	On the Job Training- Diamond Suites and Residences	08/15.2019	03/13/2020		Skills Training	Diamond Suites and Residences
	Leadership Training Seminar- Workshop on Campus Leaders' Integrity and Moral Responsibility in the protection of the Welfare of SLSU Students (with emphasis on Addictive Behaviors	11/21/2018		4 hours	Leadership Training	Office of the Students Affair- Southern Leyte State University- Main Campus
	SLSU "SWAK NA Swak" Livelihood Training and Awareness Seminar	02/17/2018		4 hours	Skills Training	Supreme Student Republic
	BSFTE and BSIT - Food Preparation and service Technology ang Garments Technology Curriculum Revisit	02/17/2018		4 hours	Team Training	College of Engineering and Technology
	PAGBANSAY Technical Seminar Workshop	09/16/2017		8 hours	Technical	Supreme Student Republic
	PAGBANSAY: SLSU Student Leaders' Convention	08/19/2017	08/20/2017	8 hours	Team Training	Supreme Student Republic
	Seminar on ASEAN's 50th Founding Anniversary	08/08/2017		4 hours		Southern Leyte State University- Main Campus
(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)		
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		

