

## 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.

1. CS ID No.

(Do not fill up. For CSC use only)

2. SURNAME	PLEÑOS	NAME EXTENSION (JR., SR)	
FIRST NAME	REGINE		
MIDDLE NAME	SABANATE		
3. DATE OF BIRTH (mm/dd/yyyy)	07/13/2000	15. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pis. indicate country:
4. PLACE OF BIRTH	SURIGAO DEL NORTE	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"/> Other/s:	17. RESIDENTIAL ADDRESS	HOUSE NO. 4, BLOCK 5, LOT A N/A House/Block/Lot No. Street TZU CHI LILOAN Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
7. HEIGHT (m)	1.53	ZIP CODE	6541
8. WEIGHT (kg)	50		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	HOUSE NO. 4, BLOCK 5, LOT A BRGY. LILOAN House/Block/Lot No. Street TZU CHI LILOAN Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6541
11. PAG-IBIG ID NO.	121303406089		
12. PHILHEALTH NO.	132028428727		
13. SSS NO.	0644351558	19. TELEPHONE NO.	N/A
14. TIN NO.	612-298-929-000	20. MOBILE NO.	09922785960
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	SABANATEREGINE0@GMAIL.COM

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			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PLEÑOS			
FIRST NAME	ROEL	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	BAYO			
25. MOTHER'S MAIDEN NAME				
SURNAME	SABANATE			
FIRST NAME	RODELYN			
MIDDLE NAME	REJE			

(Continue on separate sheet if necessary)

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	COGON CENTRAL SCHOOL	N/A	2006	2012	N/A	2012	FAST ACHIEVER
SECONDARY	ORMOC CITY SENIOR HIGH SCHOOL	ACCOUNTANCY AND BUSINESS MG	2016	2018	N/A	2018	WITH HIGH HONOR
VOCATIONAL / TRADE COURSE	WESTERN LEYTE COLLEGE OF ORMOC	FOOD AND BEVERAGE SERVICES	2022	2022	N/A	2018	N/A
COLLEGE	WESTERN LEYTE COLLEGE OF ORMOC	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION	2018	2022	N/A	2022	ACADEMIC AWARDEE
GRADUATE STUDIES	N/A	N/A	0	0	N/A	0	N/A

SIGNATURE		DATE	10/24/2023
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[illegible]

## V WORK EXPERIENCE

[illegible]


(Continue on separate sheet if necessary)			
SIGNATURE		DATE	10/24/2023



[illegible][illegible][illegible]

VIII. OTHER INFORMATION







31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
CLIENT RELATIONSHIP BUILDING	N/A	LOCAL GOVERNMENT SCHOLAR
PROCESS IMPROVEMENT	N/A	FAITH BAMBOO NATIVE PRODUCTS WORKERS ASSOCIATION
GOOD COMMUNICATION	N/A	N/A
PROBLEM SOLVING		

SIGNATURE		DATE	10/24/2023
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*[Signature]*

10/24/2023



<p>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.</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>RYAN TORREFIEL</td> <td>ORMOC</td> <td>09751387731</td> </tr> <tr> <td>ROBERT GALANG</td> <td>MANILA</td> <td>9674238229</td> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	RYAN TORREFIEL	ORMOC	09751387731	ROBERT GALANG	MANILA	9674238229	N/A	N/A	N/A
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ROBERT GALANG	MANILA	9674238229											
N/A	N/A	N/A											
<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>Philhealth</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>132028428727</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>Ormoc City</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	Philhealth	ID/License/Passport No.:	132028428727	Date/Place of Issuance:	Ormoc City	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">             Signature (Sign inside the box)            10/24/2023            Date Accomplished         </td> <td style="text-align: center;">             Right Thumbmark         </td> </tr> </table>	 Signature (Sign inside the box) 10/24/2023 Date Accomplished	 Right Thumbmark
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													