

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)

I. PERSONAL INFORMATION

|                                  |                                                                                                                                                                                         |                                                                |                                                                                                                                                                                                  |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. SURNAME                       | LEBANTE                                                                                                                                                                                 |                                                                |                                                                                                                                                                                                  |
| FIRST NAME                       | MERALYN                                                                                                                                                                                 | NAME EXTENSION (JR., SR)                                       |                                                                                                                                                                                                  |
| MIDDLE NAME                      | ROBLEDO                                                                                                                                                                                 |                                                                |                                                                                                                                                                                                  |
| 3. DATE OF BIRTH<br>(mm/dd/yyyy) | AUGUST 24, 1994                                                                                                                                                                         | 16. CITIZENSHIP                                                | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 4. PLACE OF BIRTH                | BAYBAY, LEYTE                                                                                                                                                                           | If holder of dual citizenship,<br>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                                        | LOWER<br>House/Block/Lot No. Street<br>KAMBONGGAN<br>Subdivision/Village Barangay<br>BAYBAY CITY LEYTE<br>City/Municipality Province<br>6521                                                     |
| 7. HEIGHT (m)                    | 1.63 m                                                                                                                                                                                  | ZIP CODE                                                       |                                                                                                                                                                                                  |
| 8. WEIGHT (kg)                   | 50 kg                                                                                                                                                                                   |                                                                |                                                                                                                                                                                                  |
| 9. BLOOD TYPE                    | O+                                                                                                                                                                                      | 18. PERMANENT ADDRESS                                          | LOWER<br>House/Block/Lot No. Street<br>KAMBONGGAN<br>Subdivision/Village Barangay<br>BAYBAY CITY LEYTE<br>City/Municipality Province<br>6521                                                     |
| 10. GSIS ID NO.                  | 2004860746                                                                                                                                                                              | ZIP CODE                                                       |                                                                                                                                                                                                  |
| 11. PAG-IBIG ID NO.              | 121164983554                                                                                                                                                                            |                                                                |                                                                                                                                                                                                  |
| 12. PHILHEALTH NO.               | 13-000120330-5                                                                                                                                                                          |                                                                |                                                                                                                                                                                                  |
| 13. SSS NO.                      | 06-3564623-7                                                                                                                                                                            | 19. TELEPHONE NO.                                              | NONE                                                                                                                                                                                             |
| 14. TIN NO.                      | 463-458-411                                                                                                                                                                             | 20. MOBILE NO.                                                 | 0955-866-9709                                                                                                                                                                                    |
| 15. AGENCY EMPLOYEE NO.          | 00659                                                                                                                                                                                   | 21. E-MAIL ADDRESS (if any)                                    | meralebante@gmail.com                                                                                                                                                                            |

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               |                          | NAME EXTENSION (JR., SR) | N/A                                                 | N/A                        |
| MIDDLE NAME              |                          |                          |                                                     |                            |
| OCCUPATION               |                          |                          |                                                     |                            |
| EMPLOYER/BUSINESS NAME   |                          |                          |                                                     |                            |
| BUSINESS ADDRESS         |                          |                          |                                                     |                            |
| TELEPHONE NO.            |                          |                          |                                                     |                            |
| 24. FATHER'S SURNAME     | LEBANTE                  |                          |                                                     |                            |
| FIRST NAME               | ZACARIAS                 | NAME EXTENSION (JR., SR) |                                                     |                            |
| MIDDLE NAME              | RALLOS                   |                          |                                                     |                            |
| 25. MOTHER'S MAIDEN NAME | MARIA FE COLANGO ROBLEDO |                          |                                                     |                            |
| SURNAME                  | ROBLEDO                  |                          |                                                     |                            |
| FIRST NAME               | MARIA FE                 |                          |                                                     |                            |
| MIDDLE NAME              | COLANGO                  |                          | (Continue on separate sheet if necessary)           |                            |

III. EDUCATIONAL BACKGROUND

| 26. LEVEL                 | NAME OF SCHOOL<br>(Write in full) | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full)  | PERIOD OF ATTENDANCE |      | HIGHEST LEVEL/ UNITS EARNED (if not) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
|---------------------------|-----------------------------------|---------------------------------------------------|----------------------|------|--------------------------------------|----------------|---------------------------------------|
|                           |                                   |                                                   | From                 | To   |                                      |                |                                       |
| ELEMENTARY                | KAMBONGGAN ELEMENTARY SCHOOL      | GRADUATE                                          | 2000                 | 2006 | GRADUATED                            | 2006           | VALEDICTORIAN                         |
| SECONDARY                 | MAKINHAS NATIONAL HIGH SCHOOL     | GRADUATE                                          | 2006                 | 2010 | GRADUATED                            | 2010           | SALUTATORIAN                          |
| VOCATIONAL / TRADE COURSE |                                   |                                                   |                      |      |                                      |                |                                       |
| COLLEGE                   | VISAYAS STATE UNIVERSITY          | BACHELOR OF SCIENCE IN STATISTICS                 | 2010                 | 2014 | GRADUATED                            |                | CUM LAUDE                             |
| GRADUATE STUDIES          | VISAYAS STATE UNIVERSITY          | MASTER IN MANAGEMENT MAJOR IN BUSINESS MANAGEMENT | 2017                 | 2022 | GRADUATED                            | 2022           |                                       |

(Continue on separate sheet if necessary)

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| SIGNATURE |  | DATE | 9/3/2022 |
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

| 29. | NAME & ADDRESS OF ORGANIZATION<br>(Write in full) | INCLUSIVE DATES<br>(mm/dd/yyyy) |           | NUMBER OF HOURS | POSITION / NATURE OF WORK    |
|-----|---------------------------------------------------|---------------------------------|-----------|-----------------|------------------------------|
|     |                                                   | From                            | To        |                 |                              |
|     | VSU STATISTICAL SOCIETY                           | 6/1/2010                        | 5/9/2014  |                 | TREASURER, OFFICER, & MEMBER |
|     | VSU COLLEGE OF ARTS AND SCIENCES                  | 6/1/2010                        | 5/9/2014  |                 | MEMBER                       |
|     | BAYBAY LOCAL GOVERNMENT EMPLOYEES ASSOCIATION     | 2/16/2016                       | 8/31/2020 |                 | MEMBER                       |
|     |                                                   |                                 |           |                 |                              |
|     |                                                   |                                 |           |                 |                              |
|     |                                                   |                                 |           |                 |                              |
|     |                                                   |                                 |           |                 |                              |

(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<br>(Write in full)                 | INCLUSIVE DATES OF ATTENDANCE<br>(mm/dd/yyyy) |            | NUMBER OF HOURS | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full)              |
|-----|------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------|-----------------|---------------------------------------------------------------|---------------------------------------------------------|
|     |                                                                                                      | From                                          | To         |                 |                                                               |                                                         |
|     | SEMINAR ON APPRAISAL AND DISPOSAL OF GOVERNMENT PROPERTY                                             | 6/18/2019                                     | 6/20/2019  | 3 DAYS          |                                                               | COMMISSION ON AUDIT, PALO, LEYTE                        |
|     | 14TH CBMS PHILIPPINES NATIONAL CONFERENCE                                                            | 3/5/2018                                      | 3/7/2018   | 3 DAYS          |                                                               | COMMUNITY-BASED MONITORING SYSTEM INTERNATIONAL NETWORK |
|     | LAWS AND RULES ON GOVERNMENT EXPENDITURE                                                             | 10/3/2017                                     | 10/6/2017  | 4 DAYS          |                                                               | COMMISSION ON AUDIT, PALO, LEYTE                        |
|     | INTERNAL CONTROL STRUCTURE                                                                           | 9/19/2017                                     | 9/22/2017  | 4 DAYS          |                                                               | COMMISSION ON AUDIT, PALO, LEYTE                        |
|     | HANDS-ON COMPUTER TRAINING OF BMIS DATA UPDATING & INTEGRATION TO BNS-OPT PLUS TOOL                  | 3/2/2017                                      | 3/3/2017   | 2 DAYS          |                                                               | CPDO, LGU-BAYBAY CITY, LEYTE                            |
|     | WORKSHOP ON ECONOMIC RESEARCH METHODS                                                                | 1/9/2017                                      | 1/13/2017  | 5 DAYS          |                                                               | DEPARTMENT OF ECONOMICS, VISAYAS STATE UNIVERSITY       |
|     | MONITORING PROGRESS ON DECENT WORK THROUGH STATISTICS: PATHWAY TO INCLUSIVE GROWTH                   | 10/23/2012                                    | 10/23/2012 | 8 HRS.          |                                                               | VISAYAS STATE UNIVERSITY                                |
|     | ORIENTATION SEMINAR-WORKSHOP ON THE USE OF R FOR STATISTICAL ANALYSIS                                | 10/22/2013                                    | 10/22/2013 | 8 HRS.          |                                                               | VISAYAS STATE UNIVERSITY                                |
|     | WORKSHOP ON MAINSTREAMING DISASTER AND CLIMATE RISKS IN THE ECOLOGICAL PROFILE OF THE CITY OF BAYBAY | 10/16/2015                                    | 10/17/2015 | 2 DAYS          |                                                               | LGU-BAYBAY CITY, LEYTE                                  |
|     |                                                                                                      |                                               |            |                 |                                                               |                                                         |
|     |                                                                                                      |                                               |            |                 |                                                               |                                                         |
|     |                                                                                                      |                                               |            |                 |                                                               |                                                         |
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|     |                                                                                                      |                                               |            |                 |                                                               |                                                         |

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

| 31. | SPECIAL SKILLS and HOBBIES                              | NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full) |
|-----|---------------------------------------------------------|------------------------------------------------------------|-----|-----------------------------------------------------------|
|     | COMPUTER LITERATE (MS WORD & EXCEL)                     | NONE                                                       |     | BAYBAY LOCAL GOVERNMENT EMPLOYEES ASSOCIATION (BaLGEA)    |
|     | SKILLED IN HANDLING STATISTICAL SOFTWARE (SPSS, R, SAS) |                                                            |     |                                                           |
|     | GOOD INTERPERSONAL AND ORGANIZATIONAL SKILLS            |                                                            |     |                                                           |
|     | HOBBIES:<br>SINGING, PLAYING GUITAR/ UKULELE            |                                                            |     |                                                           |
|     | BRUSH CALLIGRAPHY, WATERCOLOR PAINTING, READING         |                                                            |     |                                                           |
|     |                                                         |                                                            |     |                                                           |
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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,<br>a. within the third degree?<br>b. within the fourth degree (for Local Government Unit - Career Employees)?                                                                                                                                         |  |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>_____</div>                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                            |  |  |
| 35. a. Have you ever been found guilty of any administrative offense?<br><br>b. Have you been criminally charged before any court?                                                                                                                                                                                                                                                                                                                                                                   |  |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>_____</div>                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>Date Filed: _____<br/>Status of Case/s: _____</div>                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                            |  |  |
| 36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?                                                                                                                                                                                                                                                                                                                                                                     |  |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>_____</div>                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                            |  |  |
| 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?                                                                                                                                                                                                                                                  |  |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>_____</div>                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                            |  |  |
| 38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?<br><br>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?                                                                                                                                                                                       |  |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                            |  |  |
| 39. Have you acquired the status of an immigrant or permanent resident of another country?                                                                                                                                                                                                                                                                                                                                                                                                           |  |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country):<br/>_____</div>                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                            |  |  |
| 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<br>a. Are you a member of any indigenous group?<br><br>b. Are you a person with disability?<br><br>c. Are you a solo parent?                                                                                                                                                                                 |  |  | <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> |  |                                                                                                                                                                                                                                                                                                            |  |  |
| 41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                            |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  | ADDRESS                                                                                                                                                                                                                                                                                                                                                                          |  | TEL. NO.                                                                                                                                                                                                                                                                                                   |  |  |
| PTR. EPHRAIM M. CASTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  | STA. CRUZ, BAYBAY CITY, LEYTE                                                                                                                                                                                                                                                                                                                                                    |  | 0935-948-6713                                                                                                                                                                                                                                                                                              |  |  |
| GRACE J. TRIPOLI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  | GAAS, BAYBAY CITY, LEYTE                                                                                                                                                                                                                                                                                                                                                         |  | 0917-168-8311                                                                                                                                                                                                                                                                                              |  |  |
| ROLANDO SOSMEÑA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | BAYBAY CITY, LEYTE                                                                                                                                                                                                                                                                                                                                                               |  | 0916-184-2992                                                                                                                                                                                                                                                                                              |  |  |
| 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. |  |  |                                                                                                                                                                                                                                                                                                                                                                                  |  | <div>ID picture taken within the last 6 months<br/>3.5 cm. X 4.5 cm<br/>(passport size)</div> <div>With full and handwritten name tag and signature over printed name</div> <div>Computer generated or photocopied picture is not acceptable</div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</div> |  |  |
| <div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)<br/>PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: UMID</div> <div>ID/License/Passport No.: 021-1581-9923-1</div> <div>Date/Place of Issuance: LGU-BAYBAY CITY, LEYTE</div>                                                                                                                                                                                                        |  |  | <div></div> <div>Signature (Sign inside the box)</div> <div>9/3/2022</div> <div>Date Accomplished</div>                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                            |  |  |
| SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                            |  |  |
| <div></div> <div>Person Administering Oath</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                            |  |  |