SIGNATURE

## Revised 2025

## 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 if accomplished through own handwriting. Tick appropriate boxe ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1 SURNAME HONRADA NAME EXTENSION (JR., SR) N/A 2 FIRST NAME REYMART MIDDLE NAME COLARTE 3. DATE OF BIRTH 16. CITIZENSHIP ☐ Dual Citizenship ☑ Filipino 29/11/1995 (dd/mm/yyyy) ☐ by birth ☐ by naturalization Pls. indicate country: HILONGOS, LEYTE If holder of dual citizenship, 4 PLACE OF BIRTH please indicate the details. ☐ Female 5. SEX AT BIRTH ☑ Male PUROK 5 17. RESIDENTIAL ADDRESS N/A ☑ Single ☐ Married 6 CIVIL STATUS /Block/Lot N ☐ Widowed ☐ Separated **GABAS** N/A ☐ Other/s: vision/Vi Barangay LEYTE BAYBAY 7. HEIGHT (m) 5'6 City/Municipality Province 8. WEIGHT (kg) 63 6521 ZIP CODE **PUROK CANSURIMA** N/A 18 PERMANENT ADDRESS 9. BLOOD TYPE N/A House/Block/Lot No Street PONTOD N/A 10. UMID ID NO. N/A Barangay ubdivision/Village **HILONGOS** LEYTE 11. PAG-IBIG ID NO. 1212-8686-3024 City/Municipality Province 12. PHILHEALTH NO. 13-202424038-3 ZIP CODE 6524 13. PhilSvs Number (PSN) 4259-2168-1739-4097 N/A 19 TELEPHONE NO 14. TIN NO 376-181-702-000 20. MOBILE NO. +639632665120 15. AGENCY EMPLOYEE NO VJO02098 21. E-MAIL ADDRESS (if any) REYMARTHONRADA22@GMAIL.COM FAMILY BACKGROUN 22. SPOUSE'S SURNAME DATE OF BIRTH (dd/mm/yyyy) N/A 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) FIRST NAME N/A N/A MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO 24. FATHER'S SURNAME HONRADA NAME EXTENSION (JR., SR) FIRST NAME REYNALDO MIDDLE NAME RETULLA 25. MOTHER'S MAIDEN NAME SURNAME COLARTE FIRST NAME SUSANA MIDDLE NAME **PEPITO** (Continue on separate sheet if necessary) SCHOLARSHIP/ HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR GRADUATED LEVEL ACADEMIC HONOR (Write in full) (Write in full) (if not graduated) RECEIVED From To ELEMENTARY PONTOD ELEMENTARY SCHOOL **ELEMENTARY** 2004 2009 GRADUATED 2009 N/A HILONGOS NATIONAL VOCATIONAL 2013 SECONDARY HIGH SCHOOL GRADUATED 2013 N/A 2009 SCHOOL VOCATIONAL / N/A TRADE COURSE BATO INSTITUTE OF SCIENCE AND BACHELOR OF SCIENCE IN GRADUATED 2020 N/A COLLEGE 2016 2020 TECHNOLOGY INC. **BUSIMESS ADMINISTRATION** GRADUATE STUDIES N/A por a d

**DECEMBER 10, 2025** 

DATE

		ERVICE/RA 1080 (BOARD/	RATING	DATE OF	PLACE OF EXAMINATION /	LICENSE (i	f applicable)
		S/CATEGORY II/ IV ELIGIBILITY UNIFORMED PERSONNEL	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	NUMBER	Valid Until
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/. WORK E	XPERIENCE		(Continue on sepa	rate sheet if necessar	y)		
		ant. Start from your recent	work.) Descriptio	n of duties shoul	d be indicated in the attac	hed Work Expe	rience Sheet.
V-	SIVE DATES /mm/yyy)	POSITION TIT					GOVT SERVICE
From	То	(Write in full/Do not al	obreviate)			APPOINTMENT	(Y/N)
15/03/2022	PRESENT	CUSTOMER FEEDBACK	DATA ANALYST	CUSTOMER FEEDBACK OFFICE-QUALITY ASSURANCE CENTER		JO	Υ
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12/01/2022	30/01/2022	INCOME AND EXPENDITURE SURVEY- ENUMERATOR		PHILIPPINE ST	ATISTICS AUTHORITY	JO	Υ
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		INCLUEN	/E DATES		DN/S	F WARRY WAS TRANSPORTED FOR	
	NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (dd/mm/yyyy)		POSITION / NATURE OF WORK		
	N/A	From	То	Terr.	**************************************	LEN S ENOR THAT I WAY D	
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III. I EARNING AND DEVELOPMEN		tinue on separate :					
II. LEARNING AND DEVELOPMEN	II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR		INCLUSIVE DATES OF		Type of L&D	Comment of the service	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			ATTENDANCE (dd/mm/yyyy)		( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
NUANCING DIGITAL COMMUNICATIO	N VOIP PHONE MASTERY AND OUTPUT	From	То		Technical/etc)		
IESSENGER TRANSITION	The board of the party of	20/11/2024	20/11/2024	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
EMINAR WORKSHOP ON BASIC RECO BRAM)		30/07/2024	31/07/2024	16 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
ASE OF DOING BUSINESS, DATA PRI REORIETATION FOR VISAYAS STATE U	JNIVERSITY PERSONNEL	29/07/2024	29/07/2024	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
PRIENTATION OF GUIDELINES AND PR OF THE OFFICE UNDER ADMINISTRAT	ROCEDURES ON PROCESSES/SERVICES IVE SERVICES OFFICE	23/02/2024	23/02/2024	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
VORKSHOP ON PROGRAM ACCREDIT		12/01/2024	12/01/2024	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
ESIGN THINKING WORKSHOP	L PYD	13/12/2023	14/12/2023	16 HRS	MANAGERIAL	VISAYAS STATE UNIVERSITY	
INLOCKING EXCELLENCE: THE 5S RE ISAYAS STATE UNIVERSITY	VOLUTION FOR CLERKS AND HEADS AT	29/11/2023	29/11/2023	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
SO 9001:2015 AWARENESS AND RE-A	WARENESS WEBINAR	29/08/2023	29/08/2023	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
ORIENTATION/ RE-ORIENTATION OF DUTIES AND RESPONSIBILITIES OF DDRCS AND ADDRCS, AND CASCADING OF DOCUMENTS AND RECORDS CONTROL PROCEDURE MANUALS AND GUIDELINES			09/07/2022	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
LABOR FORCE SURVEY AND 2021 FAMILY INCOME AND EXPINDITURE SEMINAR AND TRAINING			11/01/2022	56 HRS	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY	
ENSUS OF HOUSING AND POPULATION	ON-MAP DATA VERIFIER	18/05/2021	20/05/2021	24 HRS	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY	
CENSUS OF HOUSING AND POPULATION	ON-MACHINE PROCESSOR	09/12/2020	11/12/2020	24 HRS	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY	
CENSUS OF HOUSING AND POPULATION	DN-MANUAL PROCESSOR	21/10/2020	23/10/2020	24 HRS	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY	
020 CENSUS OF HOUSING AND POPU	LATION	03/08/2020	08/08/2020	49 HRS	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY	
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III. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN	NCTIONS / RECOG e in full)	NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
OMPUTER SKILLS		N/A					
OMMUNICATION SKILL							
ROBLEM SOLVING	12				Chigano i nase		
ECHNICAL SKILLS							
IGITAL DESIGN	THE COUNTY OF THE PARTY OF THE		· · · ·		2 14 T 15 T	7	
EARNING SOFTWARE TOOLS			To describe the				
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A Are you related by concern winity or affinity to the apprainting	a or management and the site of the			
<ol> <li>Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immediate</li> </ol>				
Bureau or Department where you will be apppointed,				
a. within the third degree?		☐ YES ☑ NO		
b. within the fourth degree (for Local Government Unit - Ca	reer Employees)?	☐ YES ☑ NO		
		If YES, give details:		
a. Have you ever been found guilty of any administrative of	ffense?	☐ YES ☑ NO		
		If YES, give details:		
b. Have you been criminally charged before any court?		☐ YES ☑ N	0	
of hard you book difficulty oranged boloro any boart.		If YES, give details:		
		Date Filed:		
		Status of Case/s:		
Have you ever been convicted of any crime or violation of	any law, decree, ordinance or regulation by	☐ YES ☑ N	10	
any court or tribunal?	If YES, give details:	SOCIAL AND CAMBER - THE		
Have you ever been separated from the service in any of the	ne following modes: resignation, retirement,	☐ YES ☑ N	NO	
dropped from the rolls, dismissal, termination, end of term, in the public or private sector?	If YES, give details:	PATIENT TEORY OF THE OWN		
a. Have you ever been a candidate in a national or local el	ection held within the last year (except	☐ YES ☑	NO .	
Barangay election)?		If YES, give details:	PETATE 23 AS V. OTROTAGE	
<ul> <li>b. Have you resigned from the government service during the election to promote/actively campaign for a national or local</li> </ul>	☐ YES ☑ NO If YES, give details:			
Have you acquired the status of an immigrant or permaner	nt resident of another country?	☐ YES ☑	NO	
	If YES, give details (country):			
Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons (PA 7277	PART LUZZEGAV	A BARDAR SISSESSI ANA BIOSE NA	
as amended); and (c) Expanded Solo Parents Welfare Act		Arthur Macades & tosa J. Ava		
items: The second secon	en en succession en	SO SORROLLS DAY THAT DO		
Are you a member of any indigenous group?		☐ YES ☑	NO	
Transport of the Property of the Control of the Con		If YES, please specify:	CONTRACT OF A PAR	
Are you a person with disability?			NO CONTRACTOR	
		If YES, please specify ID No:  ☐ YES		
Are you a solo parent?				
REFERENCES (Person not related by consanguinity or affinity to ap	plicant /appointee)	ron/u	TARREST OF BOURING AND PURIS	
NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL		
HARMAGNE FAITH F. CAPUNO	CUSTOMER FEEDBACK OFFICE	9283880886		
OEL REY U. ACOB	QUALITY ASSURANCE CENTER	9569161146		
LELI A. VILLOCINO	QUALITY MANAGEMENT OFFICER	9173040879		
2 I declare under oath that I have personally accomplished				
complete statement pursuant to the provisions of pert				
Philippines. I authorize the agency head/authorized repre- agree that any misrepresentation made in this doc			РНОТО	
administrative/criminal case/s against me.	ourient and its attachments shall could	o are ming or		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	The same of the sa			
PLEASE INDICATE ID Number and Date of Issuance	1 1	9-a		
Government Issued ID: DRIVER LICENSE	p. 10500			
ID/License/Passport No.: <b>H05-24-001183</b>	Signature (Sign inside the			
Date/Place of Issuance: MAASIN CITY	DECEMBER 10, 20 Date Accomplished		Right Thumbmark	
SUBSCRIBED AND SWORN to before me this	1	nis/her validly issued government	t ID as indicated above	
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