

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 boxes ☐ and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

I. PERSONAL INFORMATION

1. SURNAME	HONRADA		
2. FIRST NAME	REYMART	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	COLARTE		
3. DATE OF BIRTH (dd/mm/yyyy)	29/11/1995	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	HILONGOS, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX AT BIRTH	<input checked="" type="checkbox"/> Male <input 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	N/A House/Block/Lot No. Street N/A GABAS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	5'6	ZIP CODE	6521
8. WEIGHT (kg)	63	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A PONTOD Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province
9. BLOOD TYPE	N/A	ZIP CODE	6524
10. UMID ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1212-8686-3024	20. MOBILE NO.	+639632665120
12. PHILHEALTH NO.	13-202424038-3	21. E-MAIL ADDRESS (if any)	REYMARHONRADA22@GMAIL.COM
13. PhilSys Number (PSN):	4259-2168-1739-4097		
14. TIN NO.	376-181-702-000		
15. AGENCY EMPLOYEE NO.	VJO02098		

II. FAMILY BACKGROUND

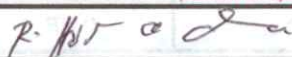
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	HONRADA			
FIRST NAME	REYNALDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	RETULLA			
25. MOTHER'S MAIDEN NAME				
SURNAME	COLARTE			
FIRST NAME	SUSANA			
MIDDLE NAME	PEPITO			

(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 HONORS RECEIVED
			From	To			
ELEMENTARY	PONTOD ELEMENTARY SCHOOL	ELEMENTARY	2004	2009	GRADUATED	2009	N/A
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	HIGH SCHOOL	2009	2013	GRADUATED	2013	N/A
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	BATO INSTITUTE OF SCIENCE AND TECHNOLOGY INC.	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION	2016	2020	GRADUATED	2020	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	DECEMBER 10, 2025
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[illegible]

V. WORK EXPERIENCE

(Include private employment. Start from your recent work.) Description of duties should be indicated in the attached Work Experience Sheet.

[illegible]

SIGNATURE	<i>P. J. Adams</i>	DATE	DECEMBER 10, 2025
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (dd/mm/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

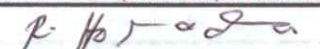
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (dd/mm/yyyy)		NUMBER OF HOURS	Type of L&D (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ENHANCING DIGITAL COMMUNICATION VOIP PHONE MASTERY AND OUTPUT MESSENGER TRANSITION	20/11/2024	20/11/2024	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY
	SEMINAR WORKSHOP ON BASIC RECORDS AND ARCHIVES MANAGEMENT (BRAM)	30/07/2024	31/07/2024	16 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY
	EASE OF DOING BUSINESS, DATA PRIVACY ACT OF 2012 AND PIA REORIENTATION FOR VISAYAS STATE UNIVERSITY PERSONNEL	29/07/2024	29/07/2024	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY
	ORIENTATION OF GUIDELINES AND PROCEDURES ON PROCESSES/SERVICES OF THE OFFICE UNDER ADMINISTRATIVE SERVICES OFFICE	23/02/2024	23/02/2024	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY
	WORKSHOP ON PROGRAM ACCREDITATION	12/01/2024	12/01/2024	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY
	DESIGN THINKING WORKSHOP	13/12/2023	14/12/2023	16 HRS	MANAGERIAL	VISAYAS STATE UNIVERSITY
	UNLOCKING EXCELLENCE: THE 5S REVOLUTION FOR CLERKS AND HEADS AT VISAYAS STATE UNIVERSITY	29/11/2023	29/11/2023	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY
	ISO 9001:2015 AWARENESS AND RE-AWARENESS 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	09/07/2022	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY
	LABOR FORCE SURVEY AND 2021 FAMILY INCOME AND EXPENDITURE SEMINAR AND TRAINING	03/01/2022	11/01/2022	56 HRS	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY
	CENSUS OF HOUSING AND POPULATION-MAP DATA VERIFIER	18/05/2021	20/05/2021	24 HRS	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY
	CENSUS OF HOUSING AND POPULATION-MACHINE PROCESSOR	09/12/2020	11/12/2020	24 HRS	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY
	CENSUS OF HOUSING AND POPULATION-MANUAL PROCESSOR	21/10/2020	23/10/2020	24 HRS	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY
	2020 CENSUS OF HOUSING AND POPULATION	03/08/2020	08/08/2020	49 HRS	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY

(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)
	COMPUTER SKILLS		N/A		N/A
	COMMUNICATION SKILL				
	PROBLEM SOLVING				
	TECHNICAL SKILLS				
	DIGITAL DESIGN				
	LEARNING SOFTWARE TOOLS				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	DECEMBER 10, 2025
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<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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), 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>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL
CHARMAGNE FAITH F. CAPUNO	CUSTOMER FEEDBACK OFFICE	9283880886
JOEL REY U. ACOB	QUALITY ASSURANCE CENTER	9569161146
ALELI A. VILLOCINO	QUALITY MANAGEMENT OFFICER	9173040879

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.



PHOTO

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

Government Issued ID: **DRIVER LICENSE**

ID/License/Passport No.: **H05-24-001183**

Date/Place of Issuance: **MAASIN CITY**

P. Joyada

Signature (Sign inside the box)

DECEMBER 10, 2025

Date Accomplished

Right Thumbmark

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

Person Administering Oath