

PERSONAL DATA SHEET

T15111570

Print legibly. Mark appropriate boxes ☐ with "✓" and use separate sheet if necessary.

1. CS ID
No.

(to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME	ALBARICO		
FIRST NAME	NINA		
MIDDLE NAME	GRANADA	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	06 / 08 / 1989	16. RESIDENTIAL ADDRESS	#755, CITY OF BAYBAY, LEYTE
5. PLACE OF BIRTH	Brgy. Palhi, BAYbay, Leyte	ZIP CODE	6521
6. SEX	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed		
	<input type="checkbox"/> Married <input type="checkbox"/> Separated		
	<input type="checkbox"/> Annuled <input type="checkbox"/> Others, specify _____		
17. TELEPHONE NO.		18. PERMANENT ADDRESS	#755 Brgy. Palhi, CITY OF BAYBAY, LEYTE
8. CITIZENSHIP	Filipino		
9. HEIGHT (m)	150		
10. WEIGHT (kg)	41	ZIP CODE	6521
11. BLOOD TYPE	O+	19. TELEPHONE NO.	
12. GSIS ID NO.		20. EMAIL ADDRESS (if any)	nenia_143@yahoo.com
13. PAGIBIG ID NO.	121095248645	21. CELLPHONE NO. (if any)	+639355658675
14. PHILHEALTH NO.	13-050142113-9	22. AGENCY EMPLOYEE NO.	
15. SSS NO.	06-2876689-4	23. TIN	270-370-082

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME		25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		Franznin Angelo G. Albarico	07 / 17 / 2008
MIDDLE NAME		Francois Antoine G. Albarico	03 / 16 / 2011
OCCUPATION			
EMPLOYER/BUS. NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
(Continue on separate sheet if necessary)			
26. FATHER'S SURNAME	Granada		
FIRST NAME	Nestor		
MIDDLE NAME	Pondolanan		
27. MOTHER'S MAIDEN NAME			
MOTHER'S SURNAME	Torion		
FIRST NAME	Rebecca		
MIDDLE NAME	Varron		

III. EDUCATIONAL BACKGROUND

LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY	Palhi Elementary School		2001		1995	2001	n/a
SECONDARY	Baybay National High School		2005		2001	2005	
VOCATIONAL/ TRADE COURSE							
COLLEGE	Franciscan College of the Immaculate Conception	Bachelor of Science in Commerce	2010		2005	2010	
GRADUATE STUDIES							

IV. CIVIL SERVICE ELIGIBILITY

ALBARICO, NINA GRANADA - T15111570

29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	DATE OF RELEASE
CES ELIGIBLE (CAREER EXECUTIVE SERVICE ELIGIBILITY)					

V. WORK EXPERIENCE

30. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOV'T SERVICE (Yes / No)
From	To						
01/29/2013	PRESENT	MC-RECEPTIONIST	DES MKTG. BAYBAY	6890	0 - 0	REGULAR	No
04/19/2012	01/21/2013	INVENTORY CLERK	GENERAL MERCHANDISE DEPARTMENT	6000	0 - 0	CONTRACTUAL	No

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

31. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		

VII. TRAINING PROGRAMS (Start from the most recent training.)

32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		

VIII. OTHER INFORMATION

33. SPECIAL SKILLS / HOBBIES:	34. NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35. MEMBERSHIP IN ASSOCIATION / ORGANIZATION (Write in full)

36. Are you related by consanguinity or affinity to any of the following :			
a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?			<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details:</div> <div></div> <div></div> <div></div>
b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?			<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details:</div> <div></div> <div></div> <div></div>
37. a. Have you ever been formally charged?			<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details:</div> <div></div> <div></div>
b. Have you ever been guilty of any administrative offense?			<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details:</div> <div></div> <div></div>
38. 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 type="checkbox"/> NO</div> <div>If YES, give details:</div> <div></div> <div></div>
39. 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, AWOL or phased out, in the public or private sector?			<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details:</div> <div></div> <div></div>
40. Have you ever been a candidate in a national or local election (except Barangay election)?			<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details:</div> <div></div> <div></div>
41. 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:			
a. Are you a member of any indigenous group?			<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, please specify: _____</div>
b. Are you differently abled?			<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, please specify: _____</div>
c. Are you a solo parent?			<div><input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, please specify: _____</div>
42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)			
NAME	ADDRESS	TEL. NO.	<div>X</div> <div>PHOTO</div>
Lorenzo Rebigan	Zine 1, ihawan, Baybay, Leyte		
Joel Hinay	OCCCI-BAYBAY		
Angelie T. Sanchez	DES MKTG. BAYBAY		
43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.			
I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.			
<div></div> <div>COMMUNITY TAX CERTIFICATE NO.</div>	<div></div> <div>SIGNATURE (Sign inside the box)</div>	<div></div> <div>RIGHT THUMBMARK</div>	
<div></div> <div>ISSUED AT</div>	<div></div> <div>DATE ACCOMPLISHED</div>		
<div></div> <div>ISSUED ON (mm/dd/yyyy)</div>			