

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	SAGARINO			
FIRST NAME	SHEENA MAE		NAME EXTENSION (JR., SR.)	N/A
MIDDLE NAME	DAG-UMAN			
3. DATE OF BIRTH (mm/dd/yyyy)	09/19/1997	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	CABULIHAN, MAASIN CITY	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"/> Separated <input type="checkbox"/> Other/s:		17. RESIDENTIAL ADDRESS	N/A
7. HEIGHT (m)	1.5 m		House/Block/Lot No.	N/A
8. WEIGHT (kg)	50 kg		Subdivision/Village	CABULIHAN
9. BLOOD TYPE	"A"		City/Municipality	MAASIN CITY
10. GSIS ID NO.	N/A		Province	SOUTHERN LEYTE
11. PAG-IBIG ID NO.	1212-2476-1178		ZIP CODE	6600
12. PHILHEALTH NO.	13-025503446-5		18. PERMANENT ADDRESS	N/A
13. SSS NO.	0641184411		House/Block/Lot No.	N/A
14. TIN NO.	720-555-325		Subdivision/Village	CABULIHAN
15. AGENCY EMPLOYEE NO.	N/A		City/Municipality	MAASIN CITY
			Province	SOUTHERN LEYTE
			ZIP CODE	6600
			19. TELEPHONE NO.	N/A
			20. MOBILE NO.	09518521344
			21. E-MAIL ADDRESS (if any)	sheenamaesagarino19@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	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	SAGARINO			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	MANTILLA			
25. MOTHER'S MAIDEN NAME				
SURNAME	DAG-UMAN			
FIRST NAME	FLORENCIA			
MIDDLE NAME	DORON			

(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	CABULIHAN ELEMENTARY SCHOOL	ELEMENTARY	2003	2010	GRADUATED	2010	1ST HONORABLE MENTION
SECONDARY	GUADALUPE NATIONAL HIGH SCHOOL	HIGH SCHOOL	2010	2014	GRADUATED	2014	1ST HONORABLE MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SAINT JOSEPH COLLEGE	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	2014	2018	GRADUATED	2018	CHED SCHOLAR
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)


SIGNATURE		DATE	01/30/2025
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[illegible]

V. WORK EXPERIENCE
Include private employment. Start from your present job. Description of duties should be indicated in the attached Work Experience sheet.

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

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	01/30/2025

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

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]



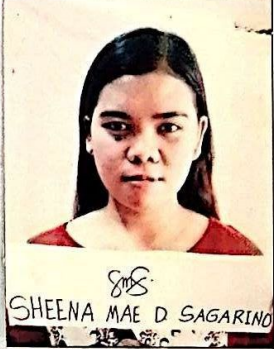

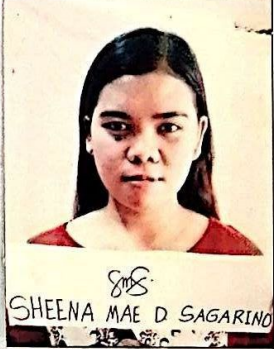


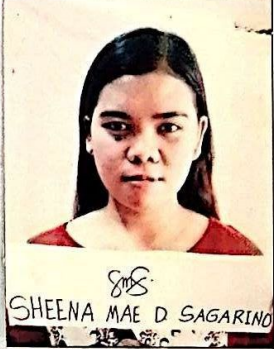

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	READING		ELITE OFFICE STAFF		N/A
	SINGING				
	COMPUTER LITERATE				
	DETAIL-ORIENTED				

(Continue on separate sheet if necessary)

SIGNATURE	<i>g.f.</i>	DATE	01/30/2025
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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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____																		
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____																		
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____																		
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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____																		
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____																		
39. Have you acquired the status of an immigrant or permanent resident of another country?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____																		
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____																		
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)																				
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>SHARA D. ALEJANDRO</td><td>ALGECIRAS ST. SAMPALOC, MANILA</td><td>9318108432</td></tr><tr><td>JERRY MAE S. GERONA</td><td>CALOOCAN CITY</td><td>9301682781</td></tr><tr><td>JAILYN R. ARROGANTE</td><td>BULACAN</td><td>9367610958</td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	SHARA D. ALEJANDRO	ALGECIRAS ST. SAMPALOC, MANILA	9318108432	JERRY MAE S. GERONA	CALOOCAN CITY	9301682781	JAILYN R. ARROGANTE	BULACAN	9367610958						
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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.																				
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.																				
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