

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 ACCOMPANYING 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

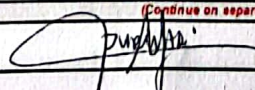
2. SURNAME	DURUHA		
FIRST NAME	RJ DAVE		NAME EXTENSION (JR, SR)
MIDDLE NAME	DAGOY		
3. DATE OF BIRTH (mm/dd/yyyy)	11/14/2002	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls indicate country:
4. PLACE OF BIRTH	ORMOC CITY, LEYTE	If holder of dual citizenship, please indicate the details	
5. SEX	<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	BUHO 1 Street POBLACION Barangay LEYTE Province 6536
7. HEIGHT (m)	1.65m	18. PERMANENT ADDRESS	BUHO 1 Street POBLACION Barangay LEYTE Province 6536
8. WEIGHT (kg)	85kg	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	O+	20. MOBILE NO.	09294303635
10. GSIS ID NO	N/A	21. E-MAIL ADDRESS (if any)	rjdavedagoyduruha@gmail.com
11. PAG-IBIG ID NO	121347276357		
12. PHILHEALTH NO	13-202999701-6		
13. SSS NO	06-4691270-1		
14. TIN NO	652-528-177		
15. AGENCY EMPLOYEE NO	N/A		

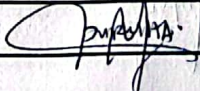
II. FAMILY BACKGROUND

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)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO				
24. FATHER'S SURNAME	DURUHA			
FIRST NAME	ROEL	NAME EXTENSION (JR, SR)		
MIDDLE NAME	REVILLA			
25. MOTHER'S MAIDEN NAME				
SURNAME	DAGOY			
FIRST NAME	DIVINA			
MIDDLE NAME	ABING			

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	DON BERNARDO ELEMENTARY SCHOOL		2008	2014		2014	2ND HONOR
SECONDARY	MARCELINO R. VELOSOS HS TABANGO SENIOR HIGH SCHOOL		2014 2018	2018 2020		2018 2020	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A		N/A	N/A			
COLLEGE	WESTERN LEYTE COLLEGE OF ORMOC CITY	BACHELOR OF SCIENCE IN ACCOUNTING INFORMATION SYSTEM	2020	2024		2024	Academic Excellence
GRADUATE STUDIES	N/A						

SIGNATURE		DATE	02/05/2025
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IV. CIVIL SERVICE ELIGIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)			
				NUMBER	Date of Validity		
Career Service (Professional) Eligibility	90.33%	03/03/2024	NEW ORMOG CITY NATIONAL HIGH SCHOOL, ORMOC CITY				
(Continue on separate sheet if necessary)							
V. WORK EXPERIENCE							
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.							
28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
From	To						
02/07/2024	05/31/2024	ADMINISTRATIVE STAFF	M. EDANO & CO. CPAs	7500.00		PART-TIME/ TEMPORARY	N
10/25/2023	02/05/2024	INTERN (MEMBER SERVICES SECTION)	SOCIAL SECURITY SYSTEM-ORMOC	0.00		n/a	Y
(Continue on separate sheet if necessary)							
SIGNATURE				DATE		02/05/2025	

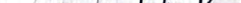
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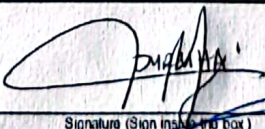

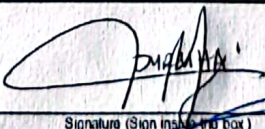

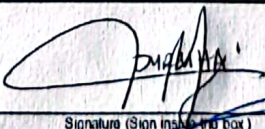

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

VIII. OTHER INFORMATION

31	SPECIAL SKILLS and HOBBIES	32	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	ACCOUNTING, ANALYTICAL, MATH SKILLS		N/A		N/A
	COMMUNICATION, LEADERSHIP AND MANAGEMENT SKILLS				
	GOOGLE WORKSPACE, MICROSOFT OFFICE APPLICATIONS, QUICKBOOKS				
	READING, SELF STUDY (LINKEDIN LEARNING)				

SIGNATURE		DATE	02/05/2025
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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> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>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 checked="" type="checkbox"/> YES <input 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); and (c) Solo Parents Welfare Act of 2000 (RA 8972), 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>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Ms. Adora Barja</td> <td>Ormoc City</td> <td>09194064438</td> </tr> <tr> <td>Atty. Juliet R. Edano, CPA</td> <td>Ormoc City</td> <td>09177091799</td> </tr> <tr> <td>Mr. Ferdinand L. Tito Jr. CPA, CMA</td> <td>Ormoc City</td> <td>09399237202</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Ms. Adora Barja	Ormoc City	09194064438	Atty. Juliet R. Edano, CPA	Ormoc City	09177091799	Mr. Ferdinand L. Tito Jr. CPA, CMA	Ormoc City	09399237202
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Government Issued ID (ePassport, GSIS, SSS, PRC, Driver's License, etc.)</td> <td style="width: 40%;">PLEASE INDICATE ID Number</td> </tr> <tr> <td>Government Issued ID: PHILSYS (NATIONAL ID)</td> <td></td> </tr> <tr> <td>ID/License/Passport No. 6306-4291-6712-0981</td> <td></td> </tr> <tr> <td>Date/Place of Issuance: 08/07/2022 TABANGO, LEYTE</td> <td></td> </tr> </table>	Government Issued ID (ePassport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number	Government Issued ID: PHILSYS (NATIONAL ID)		ID/License/Passport No. 6306-4291-6712-0981		Date/Place of Issuance: 08/07/2022 TABANGO, LEYTE		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">  Signature (Sign inside the box) </td> <td style="width: 40%; text-align: center;">  Right Thumbprint </td> </tr> <tr> <td style="text-align: center;"> Date Accomplished 07-05-2025 </td> <td></td> </tr> </table>	 Signature (Sign inside the box)	 Right Thumbprint	Date Accomplished 07-05-2025	
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<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>SUBSCRIBED AND SIGNED in accordance with this</p> <p>BOOK NO. VI</p> <p>SERIES OF: 2024</p> </div> <div style="width: 65%; text-align: center;"> <p>FEB 05 2025</p> <p>RTJ DAVE D DURUHA</p> <p>Notary Public holding his/her validly issued government ID as indicated above</p> <p>Until December 31, 2025</p> <p>DTB No. 0057710 1/3/2025</p> <p>Tabango, Leyte</p> <p>Roll No. 76783</p> <p>IBP OR No. 495192 1/2/2025</p> <p>Leyte Chapter</p> <p>MCLE Compliance No. VIII-0000117</p> <p>Person Administering Oath: 010</p> </div> </div>													

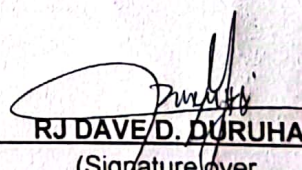
WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word *Present*, e.g., 1998- *Present*. Work experience should be listed from most recent first.

- Duration: February 07, 2024 – May 31, 2024
- Position: Administrative Staff
- Name of Office/Unit: Admin
- Immediate Supervisor: Atty. Juliet R. Edano, CPA
- Name of Agency/Organization and Location: M. Edano & Co., CPAs, Ormoc City
- Summary of Actual Duties
 - Responsible for banking, data entry and administrative tasks.
 - Proficiently performed catch-up and daily bookkeeping using QuickBooks Online and manage data using Google Workspace and MS Office.

- Duration: October 25, 2023 – February 5, 2024
- Position: Intern
- Name of Office/Unit: Member Services Section
- Immediate Supervisor: Ms. Adora R. Barja
- Name of Agency/Organization and Location: Social Security System- Ormoc Branch
- Summary of Actual Duties
 - Responsible in assisting members which involves answering inquiries about loans and contributions as well as applicable benefits, and assisting loan and benefit application.
 - Providing reliable and quality service to members.


RJ DAVE D. DURUHA

(Signature over
Printed Name of
Employee/Applicant)

Date: 02/05/2025