

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                    | FLORES                                                                                                                                                                                  |                                                             |                                                                                                                                                                                                             |
| FIRST NAME                    | JESSA MAE                                                                                                                                                                               | NAME EXTENSION (JR., SR) N/A                                |                                                                                                                                                                                                             |
| MIDDLE NAME                   | VERZOSA                                                                                                                                                                                 |                                                             |                                                                                                                                                                                                             |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 08/21/1998                                                                                                                                                                              | 16. CITIZENSHIP                                             | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 4. PLACE OF BIRTH             | TACLOBAN CITY                                                                                                                                                                           | If holder of dual citizenship, please indicate the details. | Philippines ▼                                                                                                                                                                                               |
| 5. SEX                        | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female                                                                                                                |                                                             |                                                                                                                                                                                                             |
| 6 CIVIL STATUS                | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS                                     | N/A ZONE 8<br>House/Block/Lot No. Street<br>N/A PATOC<br>Subdivision/Village Barangay<br>DAGAMI LEYTE<br>City/Municipality Province                                                                         |
| 7. HEIGHT (m)                 | 1.52 M                                                                                                                                                                                  | ZIP CODE                                                    | 6515                                                                                                                                                                                                        |
| 8. WEIGHT (kg)                | 60 KG                                                                                                                                                                                   |                                                             |                                                                                                                                                                                                             |
| 9. BLOOD TYPE                 | O                                                                                                                                                                                       | 18. PERMANENT ADDRESS                                       | N/A ZONE 8<br>House/Block/Lot No. Street<br>N/A PATOC<br>Subdivision/Village Barangay<br>DAGAMI LEYTE<br>City/Municipality Province                                                                         |
| 10. GSIS ID NO.               | N/A                                                                                                                                                                                     | ZIP CODE                                                    | 6515                                                                                                                                                                                                        |
| 11. PAG-IBIG ID NO.           | 1213-2075-2075                                                                                                                                                                          |                                                             |                                                                                                                                                                                                             |
| 12. PHILHEALTH NO.            | 13-025625328-4                                                                                                                                                                          |                                                             |                                                                                                                                                                                                             |
| 13. SSS NO.                   | N/A                                                                                                                                                                                     | 19. TELEPHONE NO.                                           | N/A                                                                                                                                                                                                         |
| 14. TIN NO.                   | 605-936-062-000                                                                                                                                                                         | 20. MOBILE NO.                                              | 09924680130                                                                                                                                                                                                 |
| 15. AGENCY EMPLOYEE NO.       | N/A                                                                                                                                                                                     | 21. E-MAIL ADDRESS (if any)                                 | flores.jessamae01@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                                                 | 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     | FLORES                 |                              |                                                     |                            |
| FIRST NAME               | EDWIN                  | NAME EXTENSION (JR., SR) N/A |                                                     |                            |
| MIDDLE NAME              | NOVIO                  |                              |                                                     |                            |
| 25. MOTHER'S MAIDEN NAME | HELENE SUDARIO VERZOSA |                              |                                                     |                            |
| SURNAME                  | FLORES                 |                              |                                                     |                            |
| FIRST NAME               | HELENE                 |                              |                                                     |                            |
| MIDDLE NAME              | VERZOSA                |                              | (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                | PATOC ELEMENTARY SCHOOL                              | PRIMARY EDUCATION                               | 2005                 | 2011    | GRADUATED                                      | 2011           | N/A                                   |
| SECONDARY                 | PATOC NATIONAL HIGH SCHOOL                           | HIGH SCHOOL                                     | 2011                 | 2015    | GRADUATED                                      | 2015           | N/A                                   |
| VOCATIONAL / TRADE COURSE | TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY | TECHNICAL-VOCATIONAL EDUCATION TRAINING COOKERY | Aug-22               | Oct-22  | GRADUATED                                      | 2022           | N/A                                   |
| COLLEGE                   | LEYTE NORMAL UNIVERSITY                              | BACHELOR OF ELEMENTARY EDUCATION                | 2015                 | 2019    | GRADUATED                                      | 2019           | CHED SCHOLAR                          |
| GRADUATE STUDIES          | LEYTE NORMAL UNIVERSITY                              | MASTER IN EDUCATION (SPECIAL EDUCATION)         | 2023                 | PRESENT | 12 units                                       | N/A            | N/A                                   |

(Continue on separate sheet if necessary)

|           |  |      |                 |
|-----------|--|------|-----------------|
| SIGNATURE |  | DATE | JANUARY 6, 2025 |
|-----------|--|------|-----------------|

#### IV. CIVIL SERVICE ELIGIBILITY

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

|           |                                                                                     |      |                 |
|-----------|-------------------------------------------------------------------------------------|------|-----------------|
| SIGNATURE |  | DATE | JANUARY 6, 2025 |
|-----------|-------------------------------------------------------------------------------------|------|-----------------|

[illegible]

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

[illegible]

VIII. OTHER INFORMATION

| 31. SPECIAL SKILLS and HOBBIES                                       | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full) |
|----------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------|
| KNOWLEDGEABLE IN MICROSOFT EXCEL, WORD, AND POWER POINT PRESENTATION | N/A                                                            | N/A                                                           |
| GOOD INTERPERSONAL SKILLS                                            |                                                                |                                                               |
| LOVES TO READ                                                        |                                                                |                                                               |
| LOVES TO COOK                                                        |                                                                |                                                               |
| *** NOTHING FOLLOWS ***                                              |                                                                |                                                               |
|                                                                      |                                                                |                                                               |
|                                                                      |                                                                |                                                               |

|           |                                                                                     |      |                 |
|-----------|-------------------------------------------------------------------------------------|------|-----------------|
| SIGNATURE |  | DATE | JANUARY 6, 1975 |
|-----------|-------------------------------------------------------------------------------------|------|-----------------|

JANUARY 6, 2025

| <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 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); 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>EDNA R. SUAREZ</td> <td>BRGY. CANLINGGA DAGAMI, LEYTE</td> <td>9777720918</td> </tr> <tr> <td>LUCILA S. TRECEÑE</td> <td>BRGY. STA. MESA DIST. 7 DAGAMI, LEYTE</td> <td>9777185595</td> </tr> <tr> <td>NELSON O. RAQUEL</td> <td>BRGY, PATOC DAGAMI, LEYTE</td> <td>9305742806</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                             | NAME                                                                                                                                                                                                       | ADDRESS                                        | TEL. NO. | EDNA R. SUAREZ        | BRGY. CANLINGGA DAGAMI, LEYTE      | 9777720918               | LUCILA S. TRECEÑE | BRGY. STA. MESA DIST. 7 DAGAMI, LEYTE | 9777185595              | NELSON O. RAQUEL                                                                                                                                                                                                                                                                                                                | BRGY, PATOC DAGAMI, LEYTE                                                                                                                             | 9305742806 |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ADDRESS                                                                                                                                                                                                                                                                                                                                                     | TEL. NO.                                                                                                                                                                                                   |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| EDNA R. SUAREZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BRGY. CANLINGGA DAGAMI, LEYTE                                                                                                                                                                                                                                                                                                                               | 9777720918                                                                                                                                                                                                 |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| LUCILA S. TRECEÑE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BRGY. STA. MESA DIST. 7 DAGAMI, LEYTE                                                                                                                                                                                                                                                                                                                       | 9777185595                                                                                                                                                                                                 |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| NELSON O. RAQUEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BRGY, PATOC DAGAMI, LEYTE                                                                                                                                                                                                                                                                                                                                   | 9305742806                                                                                                                                                                                                 |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| <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 colspan="2">Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PROFESSIONAL REGULATION COMMISSION</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>1848356</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>1/15/2020/TACLOBAN CITY</td> </tr> </table>                                                                                                                                  | Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.)                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                            | PLEASE INDICATE ID Number and Date of Issuance |          | Government Issued ID: | PROFESSIONAL REGULATION COMMISSION | ID/License/Passport No.: | 1848356           | Date/Place of Issuance:               | 1/15/2020/TACLOBAN CITY | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <br/>           Signature (Sign inside the box)<br/>           1-6-25<br/>           Date Accomplished         </td> </tr> </table> | <br>Signature (Sign inside the box)<br>1-6-25<br>Date Accomplished |            |
| Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                            |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| PLEASE INDICATE ID Number and Date of Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                            |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| Government Issued ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PROFESSIONAL REGULATION COMMISSION                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                            |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| ID/License/Passport No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1848356                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                            |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| Date/Place of Issuance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1/15/2020/TACLOBAN CITY                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                            |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| <br>Signature (Sign inside the box)<br>1-6-25<br>Date Accomplished                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                            |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <br/>           Right Thumbmark         </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                             | <br>Right Thumbmark                                                                                                   |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| <br>Right Thumbmark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                            |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| <p>SUBSCRIBED AND SWORN to before me this <u>08 JAN 2025</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                            |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <br/> <b>MARIA SHEILA DELOSO-BAQUILOD</b><br/>           PUBLIC ATTORNEY II<br/>           PURSUANT TO R.A. NO. 8436<br/>           Person Administering Oath         </td> </tr> </table>                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                             | <br><b>MARIA SHEILA DELOSO-BAQUILOD</b><br>PUBLIC ATTORNEY II<br>PURSUANT TO R.A. NO. 8436<br>Person Administering Oath |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |
| <br><b>MARIA SHEILA DELOSO-BAQUILOD</b><br>PUBLIC ATTORNEY II<br>PURSUANT TO R.A. NO. 8436<br>Person Administering Oath                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                            |                                                |          |                       |                                    |                          |                   |                                       |                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |            |

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: November 21, 2023 – February 20, 2024
- Position: Substitute Teacher
- Name of Office/Unit: Plaridel Elementary School
- Immediate Supervisor: Jose Damian C. Añover
- Name of Agency/Organization and Location: Department of Education, Candahug Palo, Leyte
- Summary of Actual Duties
  - Facilitate learning through Remedial Plan
  - Teaches the learners with innovative teaching strategies.
  - Monitors the learners Progress
  - Accomplish school report
  - Assist the teachers in conducting school-based activities.

- Duration: September 14, 2023 – October 31, 2023
- Position: Substitute Teacher
- Name of Office/Unit: Cansamada Elementary School
- Immediate Supervisor: Ma. Ivy B. Avelino
- Name of Agency/Organization and Location: Department of Education, Candahug Palo, Leyte
- Summary of Actual Duties
  - Facilitate learning through Remedial Plan
  - Teaches the learners with innovative teaching strategies.
  - Monitors the learners Progress
  - Accomplish school report
  - Assist the teachers in conducting school-based activities.

- Duration: September 1, 2021 – July 31, 2023
- Position: Learning Support Aide
- Name of Office/Unit: Patoc Elementary School
- Immediate Supervisor: Helen C. Sudario
- Name of Agency/Organization and Location: Department of Education/Candahug Palo, Leyte
- Summary of Actual Duties
  - Teaches selected grade level for selected subjects.
  - Assist the teachers in accomplishing school forms, school reports, etc.
  - Helps in keeping the school records.
  - Assist the teachers in school-based activities.
  - Participate in training conducted by the school and partners.

P

  
Jessa Mae V. Flores  
(Signature over Printed Name  
of Employee/Applicant)

Date: 1-6-25