

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	PENING		
FIRST NAME	MENA TE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	PEDRA		
3. DATE OF BIRTH (mm/dd/yyyy)	02/13/2000	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	CABALIWAN, MERIDA, LUYTE	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	House/Block/Lot No. PROPER Street Subdivision/Village CANTANING Barangay City/Municipality MERIDA LUYTE Province
7. HEIGHT (m)	1.48	ZIP CODE	
8. WEIGHT (kg)	42	18. PERMANENT ADDRESS	House/Block/Lot No. PROPER Street Subdivision/Village CANTANING Barangay City/Municipality MERIDA LUYTE Province ZIP CODE 6540
9. BLOOD TYPE	N/A	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A	20. MOBILE NO.	09695379282
11. PAG-IBIG ID NO.	121305972698	21. E-MAIL ADDRESS (if any)	peningmenatepedra13@gmail.com
12. PHILHEALTH NO.	13-250708640-7		
13. SSS NO.	06-4459765-2		
14. TIN NO.	613-554-967-00000		
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) 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	PENING			
FIRST NAME	FEUX	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	CUSTODIO			
25. MOTHER'S MAIDEN NAME				
SURNAME	PEDRA			
FIRST NAME	NILDA			
MIDDLE NAME	RAFAEL			

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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	CANTANING, ELEMENTARY SCHOOL	PRIMARY EDUCATION	2006	2012	N/A	2012	FOURTH HONOR
SECONDARY	PUERTO BELLO NATIONAL HIGH SCHOOL	JUNIOR HIGH SCHOOL SENIOR HIGH SCHOOL	2012	2018	N/A	2018	WITH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYA'S STATE UNIVERSITY ISABEL CAMPUS	BACHELOR OF SCIENCE IN AGRICULTURES	2018	2022	N/A	2022	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	<i>Blank</i>	DATE	11/21/2023
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[illegible]

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE	<i>[Signature]</i>	DATE	11/21/2023

[illegible]

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

[illegible]

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	BASIC ACCOUNTING	N/A		N/A
	BASIC COMPUTER LITERATE			
	ACCOUNTABILITY			
	INTEGRITY			
	FLEXIBILITY			
	COMMUNICATION SKILLS			

SIGNATURE	<i>[Signature]</i>	DATE	11/21/2023
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Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed,

a. within the third degree?

b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES ☒ NO

☐ YES ☒ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?

☐ YES ☒ NO

If YES, give details:

b. Have you been criminally charged before any court?

☐ YES ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ 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)?

☐ YES ☒ NO

If YES, give details:

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?

☐ YES ☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ 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

a. Are you a member of any indigenous group?

☐ YES ☒ NO

If YES, please specify: _____

b. Are you a person with disability?

☐ YES ☒ NO

If YES, please specify ID No: _____

c. Are you a solo parent?

☐ YES ☒ NO

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
ELWIN P. GARCIA	DAYDAY CITY, LEYTE	0938023072
JESSE HICA CACERES	ORmoc CITY	09653607158
LECIL N. MANAGBANG	DAYDAY CITY, LEYTE	09319708087

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PHILHEALTH ID

ID/License/Passport No.: 13-250708640-7

Date/Place of Issuance: 03/21/2023 / ORmoc CITY

Signature (Sign inside the box)

11/21/2023

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this

NOV 21 2023

affiant exhibiting his/her validly issued government ID as indicated above.

Ms. WILMA CORDERO MATEZUMA, CPA, L.D.

Notary Public for the City of Ormoc,

Municipalities of Kananga, Matag-ob

Marikina and Isabel, Leyte

Notarial Commission No. ORM-22-06-002-NC

Until December 31, 2023

Office Address: 162-A Roxas St., Brgy. Sto. Niño,

Person Administering Oath

PR No. 728409, Notary Code Q1/03/2023

IMP No. 251185, Leyte Province Chapter 12/18/2022

Notary's Roll No. 43702

TIN 128-455-091

Doc. No. 194
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Book No. 13
Date of 2023

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: March 1, 2023 - September 15, 2023
- Position: Branch Administrative Assistant
- Name of Office/Unit: Finance Department / CEU-ORMOC
- Immediate Supervisor: Jesse Mica Caceres / Elwin Garcia
- Name of Agency/Organization and Location: COMMUNITY ECONOMIC VENTURES INC. -ORMOC
- List of Accomplishments and Contributions (if any)
 - Attended online training to the new system used in creating, processing and approving loan applications as well as posting payments and other clients transaction.
- Summary of Actual Duties
 - Responsible in cashing functions, petty cash custodian, processing loan applications and administrative functions within a branch office.

- Duration:
- Position:
- Name of Office/Unit:
- Immediate Supervisor:
- Name of Agency/Organization and Location:
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties

[Signature]
 NENIA FE PENING

(Signature over Printed Name
 of Employee/Applicant)

Date: 11/21/2023