

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
Professional Teacher	75.40%	September 29, 2019	Cebu City	1829213	01/24/2023
Driver's License	NA	NA	NA	F01 - 99 - 134355	01/24/2024

*(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	GOV'T SERVICE (Y/ N)
From	To						
04/20/2005	09/20/2005	Jollibee Express Delivery Service	Jollibee - Bacolod Bacolod City	NA		End of Contract	N
09/22/2006	05/31/2007	Office Staff	Bago City College – Administrative Section Bago City	NA		Volunteer	Y
06/23/2007	10/17/2007	Branch Encoder/Support	Negros Women for Tomorrow's Foundation – IT Department Bacolod City	NA		End of Contract	N
02/11/2008	04/19/2009	Customer Service Representative	Teleperformance Bacolod – Travel Account Bacolod City	11500.00		Resigned	N
08/17/2009	09/28/2015	Team Leader/Supervisor	Transcom Bacolod – COMCAST Bacolod City	30000.00		Resigned	N
06/27/2016	03/19/2019	Quality Assurance Specialist	Telstra Powered by Teletech Cebu City	21500.00		Resigned	N
03/27/2019	03/31/2021	Claims Officer- Motor Vehicle Insurance	QBE – Australian Claims Cebu City	23650.00		Redundiated	N

(Continue on separate sheet if necessary)

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

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

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			



(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)

(Continue on separate sheet if necessary)

SIGNATURE	DATE

34. 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 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><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>Ninia Corelle Bacay</td><td>Telstra Powered by Teletech Pasay City</td><td>9151032229</td></tr><tr><td>Van Kevin Ragay</td><td>Telstra Powered by Teletech Cebu City</td><td>999990113</td></tr><tr><td>Kristel Mae Daan</td><td>Department of Health Isabel, Leyte</td><td>9263029318</td></tr></table>		NAME	ADDRESS	TEL. NO.	Ninia Corelle Bacay	Telstra Powered by Teletech Pasay City	9151032229	Van Kevin Ragay	Telstra Powered by Teletech Cebu City	999990113	Kristel Mae Daan	Department of Health Isabel, Leyte	9263029318
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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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td><td>PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued IC Driver's License</td><td></td></tr><tr><td>ID/License/Passport N F01 - 99 - 134355</td><td></td></tr><tr><td>Date/Place of Issuance</td><td>January 24, 2019</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 IC Driver's License		ID/License/Passport N F01 - 99 - 134355		Date/Place of Issuance	January 24, 2019	<table><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table>	Signature (Sign inside the box)	Date Accomplished		
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<div><div><p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p></div><div><p>PHOTO</p></div></div>													

Person Administering Oath