

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	PALERMO		
FIRST NAME	MARLITO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GOLIAT		
3. DATE OF BIRTH (mm/dd/yyyy)	AUGUST 07, 1995	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	BAYBAY CITY	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	House/Block/Lot No. Street CANDADAM Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	1.63		
8. WEIGHT (kg)	64	ZIP CODE	
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. Street CANDADAM Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	12-120532886-8		
12. PHILHEALTH NO.	12-025473988-0		
13. SSS NO.	06-4012958-7	19. TELEPHONE NO.	N/A
14. TIN NO.	340-264-619	20. MOBILE NO.	09657026533 09513650704
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	marlitopalermo07@gmail.com

II. FAMILY BACKGROUND				
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PALERMO			
FIRST NAME	CARLITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MAZO			
25. MOTHER'S MAIDEN NAME	MARLYN A. GOLIAT			
SURNAME	PALERMO			
FIRST NAME	MARLYN			
MIDDLE NAME	GOLIAT		(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	HIPUSNGO ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2008	GRADUATED	2008	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2012	GRADUATED	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2013	2017	GRADUATED	2017	N/A
GRADUATE STUDIES	SAINT MICHAEL COLLEGE OF HINDANG, LEYTE, INC.	BACHELOR IN SECONDARY EDUCATION	Jun-18	Oct-18	18 units	2018	N/A
(Continue on separate sheet if necessary)							
SIGNATURE		DATE		4-6-22			

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

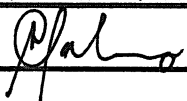
V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4-6-22
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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			
	N/A	N/A	N/A	N/A	N/A	
(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			
	Updates on the Revised Chart of Accounts for National Government Agencies	04/27/2021	04/27/2021	4	Technical	DPWH - LEYTE 5TH DISTRICT ENGINEERING OFFICE
	Updates on the Revised Chart of Accounts for Government Corporation	04/27/2021	04/27/2021	4	Technical	DPWH - LEYTE 5TH DISTRICT ENGINEERING OFFICE
	Training on National Certification on Bookkeeping NC III	08/02/2019	9/23/2019	292	Managerial	ACLC College of Ormoc - BRIDGES MULTI-SKILL TRAINING CENTERE ORMOC CITY INC.
	Training of Climate Resilient Farm Business School (Training of Trainers for Local Farmer Technician)	04/02/2019	08/02/2019	40	Managerial	Agricultural Training Institute – Regional Training Center 8
	Training on National Certification on Organic Agriculture NC II	04/29/2019	03/05/2019	40	Technical	Agricultural Training Institute – Regional Training Center 8
	Human Behavior in Organization Conference	10/09/2016	11/09/2016	16	Supervisory	Visayas State University
	Entreprise Resource Planning Seminar	3/26/2016	3/27/2016	16	Technical	Visayas State University
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Computer- Literate Microsoft Suite (Word, PowerPoint, Excel and Publisher)	N/A				SOCIETY OF AGRI BUSINESS
	Accounting					
	Research and development					
	Leadership and communication skills					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	4-6-22	

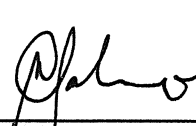
34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>WENYLOU R. LAGUNA - CHIEF ACCOUNTANT</td><td>BAYBAY CITY, LEYTE</td><td>9399344308</td></tr><tr><td>MERZETH BLAIRE B OLLERAS - ACCOUNTANT II</td><td>BAYBAY CITY, LEYTE</td><td>9171138802</td></tr><tr><td></td><td></td><td></td></tr></table>			NAME	ADDRESS	TEL. NO.	WENYLOU R. LAGUNA - CHIEF ACCOUNTANT	BAYBAY CITY, LEYTE	9399344308	MERZETH BLAIRE B OLLERAS - ACCOUNTANT II	BAYBAY CITY, LEYTE	9171138802			
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MERZETH BLAIRE B OLLERAS - ACCOUNTANT II	BAYBAY CITY, LEYTE	9171138802												
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.														

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: DRIVERS LICENSE

ID/License/Passport No.: H12-17-001844


Date/Place of Issuance: 07/24/2017



Signature (Sign inside the box)

4-6-22

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath