PERSONAL DATA SHEET

WARNING: Any misrepresentation	on made in the Pers	sonal Data Sheet and the W	Vork Experience Sheet shall	cause the filin	g of adminis	strative/crin	ninal case/s again	st the person	concerned.
READ THE ATTACHED GUIDE T Print legibly. Tick appropriate boxes (1. CS ID No.	<u> </u>	(Do not fill up	For CSC use only
I. PERSONAL INFORMATION		s silect if flecessary. Illulcate in	I/A II Hot applicable. Bo NOT A	BBREVIATE.		1.00 15 110.		(Bo flot iii up.	Tor occuse only
2. SURNAME	PALARAN								
FIRST NAME	DONNA JEAN				NAME EXTENSION (JR	., SR)			
MIDDLE NAME	LUCHAVEZ								
3. DATE OF BIRTH (mm/dd/yyyy)	28/01/1999		16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☑ by birth ☐		□ by naturalization		
4. PLACE OF BIRTH	OF	RMOC CITY	If holder of dual citizer	nship,			Pls. indicate country:		
5. SEX	☐ Male	✓ Female	please indicate the de	etails.	Philippines				•
6 CIVIL STATUS	✓ Single ☐ Widowed ☐ Other/s:	☐ Married☐ Separated	17. RESIDENTIAL ADDRESS House/Block/Lot No. Subdivision/Village		PUROK 7 Street LUNA Barangay				
7. HEIGHT (m)		1.43		(ORMOC CITY			LEYTE	
8. WEIGHT (kg)		40	ZIP CODE	Ci	ity/Municipality		6541	Province	
9. BLOOD TYPE		"0"	18. PERMANENT ADDRESS					PUROK 7	
10. GSIS ID NO.		N/A		Hou	se/Block/Lot No	0.		Street LUNA	
	404			Sul ORMOC CITY	bdivision/Village)		Barangay LEYTE	
11. PAG-IBIG ID NO.		1266590468	710.0005	Ci	ity/Municipality			Province	
12. PHILHEALTH NO.		252181805-4	ZIP CODE		6541				
13. SSS NO.		-9486484-6	19. TELEPHONE NO.				N/A		
14. TIN NO.	/5	54-447-462	20. MOBILE NO.	09171663309					
15. AGENCY EMPLOYEE NO.		N/A	21. E-MAIL ADDRESS (if any)		pala	arandonn	ajean@gmai	l.com_	
II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME		N/A		O2 NAME - COUR	DDEN (M-t-	6.11	:-4 -11)	DATE OF DID	TH (may (dd))
		N/A	NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write full name and N/A					TH (mm/dd/yyyy)
FIRST NAME		N/A		N/A		N/A N/A			
MIDDLE NAME	N/A			N/A					
OCCUPATION EMPLOYED NAME		N/A		N/A					I/A
EMPLOYER/BUSINESS NAME		N/A			N/A				I/A
BUSINESS ADDRESS		N/A				N/A		N/A	
TELEPHONE NO.		N/A				N/A		N/A	
24. FATHER'S SURNAME		PALARAN	NAME EXTENSION (JR., SR)			N/A		N/A	
FIRST NAME		COSME	, . ,			N/A		N/A	
MIDDLE NAME		CABALE				N/A			I/A
25. MOTHER'S MAIDEN NAME		11101141/57			N/A		I/A		
SURNAME		LUCHAVEZ				N/A			I/A
FIRST NAME		EMMA						N/A	
MIDDLE NAME III. EDUCATIONAL BACKGI	POLIND	BATIS			(C	ontinue on se	parate sheet if neces	sary)	_
26. LEVEL	NAM	IE OF SCHOOL Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	DOLORES E	LEMENTARY SCHOOL	PRIMARY EDUCATION	ON	2005	2011	N/A	2011	FAST ACHIEVER
SECONDARY	NEW ORMOC CITY	Y NATIONAL HIGH SCHOOL	SECONDARY EDUCA	TION	2011	2015	N/A	2015	N/A
VOCATIONAL / TRADE COURSE	STICO	DLLEGE ORMOC	TESDA NC II		Oct-22	Dec-22	N/A	2022	TESDA SCHOLAR
COLLEGE	VISAYAS	STATE UNIVERSITY	BACHELOR OF SECONDARY MAJOR IN MAPE		2015	2019	N/A	2019	CUMLAUDE
GRADUATE STUDIES	VISAYAS	STATE UNIVERSITY	MASTERS OF EDUCATION I		2020	2021	9	N/A	N/A
		(0	Continue on separate sheet if nece	essary)		1		I	
SIGNATURE		7			DA	TE	F	ebruary 9, 2023	

IV. CIVIL SE	RVICE ELIG	IBILITY							
		080 (BOARD/ BAR) UNDER		DATE OF				LICENSE (if a	pplicable)
	SPECIAL LAY	NS/ CES/ CSEE TY / DRIVER'S LICENSE	S/ CSEE // A ANIGON / EXAMINATION / PLACE OF EXAMINATION / CONFERMENT		NUMBER	Date of Validity			
PROFESSIONAL REGULATION COMISSION 82.6		82.6	29/09/2019	TACLOBAN CITY			1817610	01/28/2025	
			(Co	ntinue on separate sheet	if necessary)				
	XPERIENCE								
		nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Expe			
	SIVE DATES n/dd/yyyy) To	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
01/08/2019	13/12/2019	PART-TIME INST	RUCTOR	VISAYAS S	TATE UNIVERSITY			CONTRACTUAL	YES
20/01/2020	22/05/2020	PART-TIME INST	RUCTOR	VISAYAS STATE UNIVERSITY		CONTRACTUAL	YES		
09/30/2022	02/01/2023	PART-TIME INST	RUCTOR	VISAYAS STATE UNIVERSITY				CONTRACTUAL	YES

(Continue on separate sheet if necessary)								
SIGNA	TURE	75		DATE		FEBRUARY 9, 2	023	

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY C	DRGANIZATIO	N/S			
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK		
N/A	N/A	N/A	N/A		N/A		
N/A	N/A	N/A	N/A		N/A		
N/A	N/A	N/A	N/A		N/A		
N/A	N/A	N/A	N/A		N/A		
N/A	N/A	N/A	N/A		N/A		
N/A	N/A	N/A	N/A			N/A	
N/A	N/A	N/A	N/A			N/A	
(Co. VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING P (Start from the most recent L&D/training program and include only the relevant L&D/training taken for t		TENDED		rial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTEN	DATES OF DANCE d/yyyy) To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)		CONDUCTED/ SPONSORED BY (Write in full)	
PLDT-UPOU WEBINAR SERIES ON "GEARING UP FOR THE NEW NORMAL IN TEACHING AND LEARNING" TOPIC: GEARING UP FOR THE NEW NORMAL IN EDUCATION WITH THE LGU: SOME BEST PRACTICES		12/08/2020	4 HOURS	TECHNICAL	ı	PLDT-OPOU WEBINAR SERIES	
N/A	N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A	N/A N/A		N/A	
N/A	N/A	N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A	N/A		N/A	
N/A		N/A	N/A	N/A		N/A	
N/A		N/A	N/A	N/A		N/A	
N/A		N/A	N/A	N/A		N/A	
N/A		N/A	N/A	N/A		N/A	
N/A		N/A	N/A	N/A		N/A	
N/A	Г	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A	N/A		N/A	
N/A	N/A	N/A	N/A	N/A		N/A	
VIII. OTHER INFORMATION	ntinue on separate :	sheet if necessary)					
	N-ACADEMIC DISTIN	NCTIONS / RECOG	NITION		MEN	IBERSHIP IN ASSOCIATION/ORGANIZATION	

31.

DANCESPORTS ASST. COACH	N/A		N/A		
DANCING	N/A	N/A			
MICROSOFT	N/A	N/A			
RESEARCHING	N/A	N/A			
TEACHING	N/A	N/A			
N/A	N/A	N/A			
N/A	N/A	N/A			
(Continue on separate sheet if necessary)					
SIGNATURE	7	DATE	FEBRUARY 9, 2023		

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34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative offe	☐ 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 an any court or tribunal?	☐ YES ☑ NO If YES, give details:			
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fir 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 elec Barangay election)?	☐ YES ☑ NO If YES, give details:			
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of	☐ YES ☑ NO If YES, give details:			
39.	Have you acquired the status of an immigrant or permanent r	resident of another country?	☐ YES ☑ NO If YES, give details (country):		
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Maga 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	,			
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 /a	appointee)			
	NAME	ADDRESS	TEL. NO.		
	MR. DENNIS JOEL L. CERNA	9190002810			
	DR. CHARIS B. LIMBO	9485105847			
	MR. DOMINIC S. CAGANG	LIBERTAD, ORMOC CITY, LEYTE	9391078433		
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representagree that any misrepresentation made in this docur administrative/criminal case/s against me.	РНОТО			

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

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC



ID/License/Passport No.: Date/Place of Issuance: 1817610 12/20/2019 PRC Ormoc	Signature (Sign inside the box) FEBRUARY 9, 2023 Date Accomplished	Right Thumbmark
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly issued g	government ID as indicated above.
	Person Administering Oath	

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