

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. ☐ 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	TORRENTE		
FIRST NAME	RHONAH ROSE		NAME EXTENSION (JR., SR)
MIDDLE NAME	LASQUITE		
3. DATE OF BIRTH (mm/dd/yyyy)	04/24/1992	18. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization P/s. indicate country: ▼
4. PLACE OF BIRTH	HILONGOS, LEYTE		
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	If holder of dual citizenship, please indicate the details.	
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A Purok 2 House/Block/Lot No. Street N/A CONCEPCION Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province
7. HEIGHT (m)	1.52 M	ZIP CODE	6524
8. WEIGHT (kg)	60 Kg	18. PERMANENT ADDRESS	N/A Purok 2 House/Block/Lot No. Street N/A CONCEPCION Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province
9. BLOOD TYPE	O	ZIP CODE	6524
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121120351378	20. MOBILE NO.	0917-119-2074
12. PhilHEALTH NO.	120253782930	21. E-MAIL ADDRESS (if any)	rhonahrtorrente@gmail.com
13. SSS NO.	0635478256		
14. TIN NO.	451364543		
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
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	TORRENTE		
FIRST NAME	ROGELIO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	COSTARILLA		
25. MOTHER'S MAIDEN NAME			
SURNAME	LASQUITE		
FIRST NAME	EVA CANDELARIA		
MIDDLE NAME	LELIS		

(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	HILONGOS SOUTH CENTRAL SCHOOL	PRIMARY	2000	2006	GRADUATED	2006	FIRST HONORABLE MENTION
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL	SECONDARY	2006	2010	GRADUATED	2010	FIRST HONORABLE MENTION
VOCATIONAL / TRADE COURSE	HILONGOS NATIONAL VOCATIONAL SCHOOL	BUSINESS MANAGEMENT WITH COMPUTER	2007	2010	GRADUATED	2010	FIRST HONORABLE MENTION
COLLEGE	UNIVERSITY OF THE PHILIPPINES CEBU	BACHELORS OF ARTS IN POLITICAL SCIENCE	2010	2014	GRADUATED	2014	N/A
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY	MASTERS OF ARTS IN PUBLIC ADMINISTRATION	2015	2017	GRADUATED	2017	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	March 22, 2021
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	03/21/2021
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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,

a. within the third degree?

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

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

b. Have you been criminally charged before any court?

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

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?

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?

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

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

NAME	ADDRESS	TEL. NO.
MAJ KARLWIN C. MONTERON PA	CEBU CITY	9177799901
JESSETTE DELGADO-PONGOS	CEBU CITY	9173220723
EDNIE LUCENO-CASILLER	CEBU CITY	9178748191

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: UMID

ID/License/Passport No.: CRN-0111-8722969-3

Date/Place of Issuance: CEBU CITY

Signature (Sign inside the box)
03/22/2021
Date Accomplished

PHOTO
RHONAN ROSE L. TORRENTE

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 22 MAR 2021, at Cebu City, Philippines, in the presence of the undersigned, a duly authorized representative of the Department of Health, who is duly sworn to and who is duly qualified to administer the oath.

Person Administering Oath: 092-770-833

Office Contact Nos. (653) 567-888, 09338510379