Revised 2017 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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1. CS ID No. (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes ( $\square$ ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. . PERSONAL INFORMATION 2. SURNAME **PLEÑOS** NAME EXTENSION (JR., SR) FIRST NAME REGINE MIDDLE NAME SABANATE 3. DATE OF BIRTH 16. CITIZENSHIP Dual Citizenship **✓** Filipino 07/13/2000 (mm/dd/yyyy) by birth by naturalization SURIGAO DEL NORTE 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details. Male Female 5 SEX Single Married HOUSE NO. 4, BLOCK 5, LOT A 17 RESIDENTIAL ADDRESS N/A 6 CIVIL STATUS Widowed Separated House/Block/Lot No.
TZU CHI Other/s: LILOAN Subdivision/Village Barangay ORMOC **I FYTF** 1.53 7. HEIGHT (m) City/Municipality Province 8. WEIGHT (kg) 50 ZIP CODE 6541 HOUSE NO. 4, BLOCK 5, LOT A BRGY. LILOAN 18 PERMANENT ADDRESS 9. BLOOD TYPE 0 House/Block/Lot No. Street TZU CHI LILOAN 10. GSIS ID NO. N/A Barangay ORMOC **LEYTE** 11. PAG-IBIG ID NO. 121303406089 City/Municipality Province 12. PHILHEALTH NO. 132028428727 ZIP CODE 6541 13. SSS NO. 0644351558 19. TELEPHONE NO. N/A 612298929000.00 09922785960 14 TIN NO 20 MORII F NO 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) SABANATEREGINE0@GMAIL.COM I. FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., N/A N/A N/A N/A FIRST NAME N/A MIDDLE NAME OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO. N/A **PLEÑOS** 24. FATHER'S SURNAME NAME EXTENSION (JR., **ROEL** FIRST NAME N/A BAYO MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME SABANATE **RODELYN** FIRST NAME REJE (Continue on separate sheet if necessary) MIDDLE NAME II. EDUCATIONAL BACKGROUND HIGHEST LEVEL UNITS EARNED SCHOLARSHIP NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE ACADEMIC YEAR LEVEL (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From То FAST ELEMENTARY COGON CENTRAL SCHOOL N/A 2006 2012 N/A 2012 ACHIEVE wRn ORMOC CITY SENIOR HIGH NTANCY AND BUSINESS MANAG 2016 2018 2018 HIGH SECONDARY N/A **SCHOOL** HONOR VOCATIONAL / FOOD AND BEVERAGE WESTERN LEYTE COLLEGE 2022 2022 N/A 0 N/A SERVICES CADEN WESTERN LEYTE COLLEGE OF BACHELOR OF SCIENCE IN 2022 COLLEGE 2018 2022 N/A C ORMOC **BUSINESS ADMINISTRATION** WARDI N/A GRADUATE STUDIES 0 0 N/A O N/A N/A ue on separate sheet if necessary)

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SIGNATURE

04/20/2023

DATE

	ERVICE ELIC							LIOTHOT (1	aaliaali V
		1080 (BOARD/ BAR) UNDER E	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFE	RMENT	LICENSE (if a	pplicable)  Date of
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  (If Applicable)			(If Applicable)	CONFERMENT PLACE OF EXAMINA		TION / CONFERMENT		NUMBER	Validity
CIVIL SERVICE 8			84.7	08/07/2022	07/2022 MAASIN CITY			N/A	N/A
/ WORK F	VDEDIENCE		(Con	l ntinue on separate sheet	if necessary)				
	XPERIENCE ate employme	: ent. Start from your recer	nt work) Descriptio	n of duties should b	oe indicated in the attach	ed Work Exp	perience shee	t.	
	SIVE DATES m/dd/yyyy)	POSITION TITLE	(Write in full/Do not	DEPARTMENT / AGENC	(Write in	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	SERVICE
From	То	abbreviate	e)	full/Do	not abbreviate)	O/LD II (1	(Format "00-0")/ INCREMENT	74 T GIRTIMERT	
)1/20/2023	PRESENT	PROJECT COO	RDINATOR	AGENCY		9,000	N/A	CONTRACTUAL	N
07/19/2022	01/13/2023	BANK TELLER		COMPANY		8,000	N/A	TEMPORARY	N
			(Cor	ntinue on separate sheet	if necessary)				
SIGNA	ATURE	<del>-</del>	~,>	2	DATE		04/2	0/2023	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S INCLUSIVE DATES						
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			(mm/dd/vvvv) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
FAITH BAMBOO NATIVE PRODUCTS WORKERS ASSOCIATION			02/28/2023	30 DAYS		SECRETARY
		tinue on separate s				
VII. LEARNING AND DEVELOPMENT (L&D) I	INTERVENTIONS/TRAINING PR	OGRAMS AT				
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENT. (Write in f	ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
STRATEGIC PLANNING	SEMINAR	09/10/2022	N/A	8.0	ADMINISTRATI VE	BANK OF ORMOC
ACCOUNTING FOR NONAC	COUNTANTS	04/05/2022	05/25/2022	48.0	TECHNICAL	PICPA
YOUNG LEADERS FOR RESILIENCE PROGRAM			09/07/2019	16.0	MANAGERIAL	LGU ORMOC
VIII. OTHER INFORMATION	(Con	tinue on separate s	sheet if necessary)			
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					MEMBERSHIP IN ASSOCIATION/ORGANIZATION 33. (Write in
CLIENT RELATIONSHIP BUILDING	N/A					LOCAL GOVERNMENT SCHOLAR
PROCESS IMPROVEMENT		N/A	١		N/A	
GOOD COMMUNICATION		N/A	\		N/A	
PROBLEM SOLVING						
SIGNATURE	(Con	tinue on separate s	sneet if necessary)	D	ATE	04/20/2023

Cu.S

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 appointed,							
	a. within the third degree?	YES V	0					
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	YES W	0				
	5. Main the location degree (for Edecar Contention), only	on Employees,	If YES, give details:					
			ii 120, give details.					
25	a. Have you ever been found guilty of any administrative offe	ense?	YES V	0				
33.	a. Have you ever been loand gainly of any daministrative one		O					
			If YES, give details:					
			-	_				
	b. Have you been criminally charged before any court?	YES W	0					
		If YES, give details:						
		Date Filed:						
			Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of an	YES V	0					
	any court or tribunal?	If YES, give details:						
37.	Have you ever been separated from the service in any of the	e following modes: resignation, retirement.	YES V	0				
	dropped from the rolls, dismissal, termination, end of term, fil	•	If YES, give details:					
	in the public or private sector?							
38.	a. Have you ever been a candidate in a national or local elec-	ction held within the last year (except	YES V	0				
	Barangay election)?		If YES, give details:					
	b. Have you resigned from the government service during the	e three (3)-month period before the last	YES VIO					
	election to promote/actively campaign for a national or local		If YES, give details:					
30	Have you acquired the status of an immigrant or permanent	resident of another country?	YES V	<u> </u>				
33.	The control of the co		If YES, give details (cour					
			ii 120, give details (cour	iuy).				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	na Carta for Disabled Persons (RA						
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),							
a.	Are you a member of any indigenous group?	•	☐ YES ☑	0				
			If YES, please specify:					
b.	Are you a person with disability?		YES W					
			If YES, please specify ID No					
C.	Are you a solo parent?		If YES, please specify ID No					
			in 120, picase specify ib 140	<i></i>				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)						
	NAME	ADDRESS	TEL. NO.					
	RYAN TORREFIEL	ORMOC	N/A					
	N/A	N/A	N/A	60				
	N/A	N/A	N/A					
42.	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 pertine			REGIME				
	Philippines. I authorize the agency head/authorized represe							
	agree that any misrepresentation made in this docur	ment and its attachments shall cause	the filing of	PHOTO				
	administrative/criminal case/s against me.							
G	Overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)							
	PLEASE INDICATE ID Number and Date of Issuance	Caus	2					
G	overnment Issued ID: Philhealth 132028428727	02						
IC	)/License/Passport No.:	Signature (Sign inside the b	iox)					
	ate/Place of Issuance: Ormoc City							
L	ate/Place of Issuance: Ormoc City	Date Accomplished		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	officet subthit	ng his/her validly issued govern	ment ID as indicated above				
	SODSONIDED AND SWORM to belote the this	, amanı exnibiti	ng his/her validly issued governi	חופות וט מז ווועוטמנטע מטטעט.				
1								
1		Person Administering Oat	th					