

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	SANACO		
FIRST NAME	BEHLL FLORENCE		NAME EXTENSION (JR., SR)
MIDDLE NAME	OLANDA		
3. DATE OF BIRTH (mm/dd/yyyy)	12/26/1999	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	ORMOC CITY, LEYTE		
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 ZIP CODE	N/A House/Block/Lot No. Street N/A CANQUIASON Subdivision/Village Barangay VILLABA LEYTE City/Municipality Province
7. HEIGHT (m)	1.63m		
8. WEIGHT (kg)	80 kg.		
9. BLOOD TYPE			
10. GSIS ID NO.	NONE	18. PERMANENT ADDRESS ZIP CODE	N/A House/Block/Lot No. Street N/A CANQUIASON Subdivision/Village Barangay VILLABA LEYTE City/Municipality Province
11. PAG-IBIG ID NO.	NONE		
12. PHILHEALTH NO.	132510345049		
13. SSS NO.	NONE		
14. TIN NO.	NONE	19. TELEPHONE NO.	NONE
15. AGENCY EMPLOYEE NO.	NONE	20. MOBILE NO.	09856379066
		21. E-MAIL ADDRESS (if any)	behllchoi.sanaco@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)		
MIDDLE NAME	N/A			
OCCUPATION	NONE			
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	NONE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	SANACO			
FIRST NAME	RICO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MUMAR			
25. MOTHER'S MAIDEN NAME	MERCOLITA BEBANCO OLANDA			
SURNAME	OLANDA			
FIRST NAME	MERCOLITA			
MIDDLE NAME	BEBANCO		(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	CANQUIASON ELEMENTARY SCHOOL	PRIMARY EDUCATION	2006	2012	N/A	2012	VALEDICTORIAN
SECONDARY	MATAG-OB NATIONAL HIGH SCHOOL	HIGH SCHOOL	2012	2018	N/A	2018	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY-VISCA, BAYBAY CITY, LEYTE	BACHELOR OF EDUCATION MAJOR IN SCIENCE	2018	2022	N/A	2022	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>(Continue on separate sheet if necessary)</i>							
SIGNATURE			DATE		06/24/2023		

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
	LICENSURE EXAMINATION FOR TEACHERS	87. 2%	MARCH 19, 2023	TACLOBAN CITY		

(Continue on separate sheet if necessary)

(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	06-24-2023
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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			
	TRENDS IN SOFT MATTER RESEARCH AND ITS APPLICATION	02/04/2022	02/04/2022	8 HOURS	PARTICIPANT	VSU DEPARTMENT OF PHYSICS
	ACING THE LICENSURE EXAMINATION FOR TEACHERS (LET)	03/26/2022	03/26/2022	9 HOURS	PARTICIPANT	PAFTE REGION VIII
	WEBINAR ON ANALYZING DATA, WRITING THE RESULTS AND DISCUSSION, CONCLUSION AND RECOMMENDATION	05/10/2022	05/10/2022	4 HOURS	PARTICIPANT	VSU DEPARTMENT OF TEACHERS EDUCATION

(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)
	PLAYING INSTRUMENTS		N/A		N/A
	READING BIBLE & BOOKS				
	GOOD COMMUNICATION SKILLS				
	PROFICIENT IN MICROSOFT APPLICATIONS				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/24/2023
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>MARY ANGELICA A. VILLOCINO</td> <td>VSU INTEGRATED HIGH SCHOOL-VISCA, BAYBAY CITY, LEYTE</td> <td></td> </tr> <tr> <td>ANANIAS N. YUNZAL JR.</td> <td>VSU INTEGRATED HIGH SCHOOL-VISCA, BAYBAY CITY, LEYTE</td> <td></td> </tr> <tr> <td>KRISTINE LOMBARDI</td> <td>BAYBAY NATIONAL HIGH SCHOOL - BAYBAY CITY, LEYTE</td> <td>09614357597</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	MARY ANGELICA A. VILLOCINO	VSU INTEGRATED HIGH SCHOOL-VISCA, BAYBAY CITY, LEYTE		ANANIAS N. YUNZAL JR.	VSU INTEGRATED HIGH SCHOOL-VISCA, BAYBAY CITY, LEYTE		KRISTINE LOMBARDI	BAYBAY NATIONAL HIGH SCHOOL - BAYBAY CITY, LEYTE	09614357597
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<p>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.</p>													
<p>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: _____</p>		<div style="text-align: center;"> <p>BEHL FLORENCE O. SANACO</p> <p>PHOTO</p> </div> <div style="text-align: center; margin-top: 20px;"> </div>											

ID/License/Passport No.:

Date/Place of Issuance:

Signature (Sign inside the box)

06/24/2023

Date Accomplished

Right Thumbmark

Person Administering Oath