

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 box ( ) 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	VALENCERINA		
FIRST NAME	SUSAN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	MORENO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/22/1961	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BRGY. GABAS, BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	<div>House/Block/Lot No. Street</div> <div>ZONE-1 NAGA</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY LEYTE</div> <div>City/Municipality Province</div> <div>ZIP CODE 6521</div>
7. HEIGHT (m)	1.55m		
8. WEIGHT (kg)	62kg.		
9. BLOOD TYPE	A		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	121109601616		
12. PHILHEALTH NO.	13-025010572-0		
13. SSS NO.	09-1110748-7	19. TELEPHONE NO.	
14. TIN NO.	926-679-694	20. MOBILE NO.	09982525798
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	valencerina.susan@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	VALENCERINA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	EDGAR	NAME EXTENSION (JR., SR)	EDMUND MORENO VALENCERINA	3/19/1988
MIDDLE NAME	SACUROM		LESTER MORENO VALENCERINA	5/14/1989
OCCUPATION	Brgy. Councilor			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MORENO			
FIRSTNAME	RAYMUNDO			
MIDDLE NAME	LORETO			
25. MOTHER'S MAIDEN NAME	ESCUADRA			
FIRSTNAME	SOLEDAD			
MIDDLE NAME	POLEA			

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	Baybay East Central School Baybay, Leyte	Elementary	1968	1974		1974	
SECONDARY	Franciscan College of the Immaculate Conception, Baybay, Leyte	Secondary	1974	1978		1978	
COLLEGE	Southwestern University, Cebu City	Bachelor of Science in Commerce Major in Accounting	1978	1982		1982	
VOCATIONAL / TRADE COURSE	System Technology Institute Ormoc City	Basic Computer "Power Pack 1.7"	Oct. 1, 2001				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4/13/2021
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[illegible]

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

[illegible]

SIGNATURE		DATE	<u>April 13, 2021</u>
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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				

(Continue on separate sheet if necessary)

# VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED


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			
	Webinar: RA11313 Safe Space Act	12/10/2020		3 Hours		VSU-ISRDS
	Webinar ISO 9001:2015 Awareness/Re-awareness Webinar	11/27/2020		4 Hours		Ms. Elvira E. Ongy
	Orientation Workshop Among JO, Clerk & Lab. Tech.	1/15/2019		8 Hours		Dr. Lourdes B. Cano
	Frontline Orientation Customer & Work Values	Sept. 9, 2019		8 Hours		Dr. Lourdes B. Cano
	Target Setting Workshop (IPCR)	Aug. 20, 2018	Aug. 21, 2018	16 Hours		Dr. Lourdes B. Cano
	Orientation Basic Customer Service	Sept. 5, 2017		8 Hours		Dr. Lourdes B. Cano
	ISO Orientation and Writeshop	Sept. 21, 2015		8 Hours		Dr. Lourdes B. Cano
	Service Staff Training (OFW)	1991		5 Days		International Center Services Corp.
	Pre-departure Orientation Seminar (OFW)	1991		4 Hours		OWWA, Manila, Philippines
	Training and Seminar At Natinal Census Office	5/1/1985		5 days		NCSO Tacloban City

(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)
	Computer literate				
	Typing		N/A		N/A
	Cooking				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	April 13, 2021
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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 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 style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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 checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If YES, give details: <u>resignation</u></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: 40%;">NAME</th><th style="width: 40%;">POSITION/ADDRESS</th><th style="width: 20%;">TEL. NO.</th></tr></thead><tbody><tr><td>MS. ERLINDA S. ESGUERRA</td><td>Head, Accounting Office VSU, Baybay City</td><td></td></tr><tr><td>MS. SANDRA C. TIU</td><td>Administrative Assistant III Accounting Office, VSU, Baybay City</td><td></td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		NAME	POSITION/ADDRESS	TEL. NO.	MS. ERLINDA S. ESGUERRA	Head, Accounting Office VSU, Baybay City		MS. SANDRA C. TIU	Administrative Assistant III Accounting Office, VSU, Baybay City				
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td></tr><tr><td>PLEASE INDICATE ID Number:</td><td>TIN # 926-679-694</td></tr><tr><td>Government Issued ID:</td><td>PHILHEALTH</td></tr><tr><td>ID/License/Passport No.:</td><td>13-025010572-0</td></tr><tr><td>Date/Place of Issuance:</td><td> </td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number:	TIN # 926-679-694	Government Issued ID:	PHILHEALTH	ID/License/Passport No.:	13-025010572-0	Date/Place of Issuance:		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center; height: 100px;"> Signature (Sign inside the box) April 13, 2021 Date Accomplished</td><td style="text-align: center; height: 100px;"> Right Thumbmark</td></tr></table>	 Signature (Sign inside the box) April 13, 2021 Date Accomplished	 Right Thumbmark
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto; text-align: center; padding-top: 10px;">Person Administering Oath</div>													