

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. I. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	SARMEN		
FIRST NAME	BLAIRE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	RADE		
3. DATE OF BIRTH (mm/dd/yyyy)	09/20/2001	16. CITIZENSHIP	<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	TACUBAN CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	House/Block/Lot No. Street Subdivision/Village CANMIRING City/Municipality MARASIN CITY SOUTHERN LEYTE Province
7. HEIGHT (m)	1.57	ZIP CODE	
8. WEIGHT (kg)	60		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village CANMIRING City/Municipality MARASIN CITY SOUTHERN LEYTE Province
10. GSIS ID NO.	N/A	ZIP CODE	6600
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-251671615-4		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09466510837
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	sarmenb20@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) N/A	N/A	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	SARMEN			
FIRST NAME	ALFONSO CRUZ	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	CENTINO			
25. MOTHER'S MAIDEN NAME	MA. TERESA RAMACULA RADE			
SURNAME	SARMEN			
FIRST NAME	MA. TERESA			
MIDDLE NAME	RADE			

(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	MARASIN CITY SPCD CENTER	N/A	2011	2014	N/A	2014	N/A
SECONDARY	MARASIN CITY NATIONAL HIGH SCHOOL	N/A	2014	2020	N/A	2020	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN MARINE BIOLOGY	2020	2024	4TH YEAR	2024	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	<i>Sarmen</i>	DATE	OCTOBER 29, 2024
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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
	PRESIDENTIAL DECREE 907	N/A	SEPTEMBER 26, 2024	CIVIL SERVICE COMMISSION REGIONAL OFFICE VIII	N/A	N/A
	CAREER SERVICE PROFESSIONAL	84.56 %	AUGUST 11, 2014	MAASIN CITY, SOUTHERN LEYTE		

V. WORK EXPERIENCE

[illegible]

SIGNATURE

16 Armen

DATE _____

OCTOBER 29, 2024

VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS					
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	GIRL SCOUTS OF THE PHILIPPINES	2014	2019		VOLUNTEER, GIRL SCOUT CAMPER
	GIRL SCOUTS OF THE PHILIPPINES	2019	2021		SOUTHERN LEASE COUNCIL GIRL REPRESENTATIVE






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)

(Continue on separate sheet if necessary)

MEMBERSHIP IN	
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(Continue on separate sheet if necessary)

CCSD 0542 29, 2024

<p>Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the 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 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</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%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>JENONA A. CEAR</td> <td>DAYDAO CITY, LEYTE</td> <td></td> </tr> <tr> <td>DONNA M. GUARTE - VALIOA</td> <td>DAYDAO CITY, LEYTE</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JENONA A. CEAR	DAYDAO CITY, LEYTE		DONNA M. GUARTE - VALIOA	DAYDAO CITY, LEYTE				
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JENONA A. CEAR	DAYDAO CITY, LEYTE												
DONNA M. GUARTE - VALIOA	DAYDAO CITY, LEYTE												
<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>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td>PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID: <u>PHILHEALTH ID</u></td> </tr> <tr> <td>ID/License/Passport No.: <u>13-251671615-7</u></td> </tr> <tr> <td>Date/Place of Issuance: <u>SEPTEMBER 3, 2024 / MAASIN CITY</u></td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: <u>PHILHEALTH ID</u>	ID/License/Passport No.: <u>13-251671615-7</u>	Date/Place of Issuance: <u>SEPTEMBER 3, 2024 / MAASIN CITY</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) <u>OCTOBER 29, 2024</u> Date accomplished </td> </tr> </table>	 Signature (Sign inside the box) <u>OCTOBER 29, 2024</u> Date accomplished						
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  <p style="text-align: center;">BLAIRE R. SAR MEN</p> </div> <div style="width: 45%;">  <p style="text-align: center;">Right Thumbmark</p> </div> </div>													
<p>SUBSCRIBED AND SWORN to before me this <u>29 OCT 2024</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <p>Doc. No.: <u>455</u></p> <p>Page No.: <u>11</u></p> <p>Book No.: <u>11</u></p> <p>Series of 2024</p> </div> <div style="width: 30%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> Atty. ROHELIA MAY P. ALTAR Roll of Attorneys No. 15579 Issued on: 30-Dec-2023 Person Administering Oath MCLE compliance certificate No. 2024-00001 ALTAR LAW OFFICE Brgy. Mañan, Maasin City, So Leyte 0905-152-4402/rmp.altar@gmail.com </td> </tr> </table> </div> <div style="width: 30%;"></div> </div>		Atty. ROHELIA MAY P. ALTAR Roll of Attorneys No. 15579 Issued on: 30-Dec-2023 Person Administering Oath MCLE compliance certificate No. 2024-00001 ALTAR LAW OFFICE Brgy. Mañan, Maasin City, So Leyte 0905-152-4402/rmp.altar@gmail.com											
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