

# 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

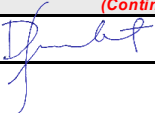
2. SURNAME	Sumabat		
FIRST NAME	Daniel	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Daniolco		
3. DATE OF BIRTH (mm/dd/yyyy)	7/26/1991	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by <input type="checkbox"/> naturalization Pls. indicate country:
4. PLACE OF BIRTH	Anahawan District Hospital	If holder of dual citizenship, please indicate the details.	
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	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	167 cm	ZIP CODE	
8. WEIGHT (kg)	92 kg	18. PERMANENT ADDRESS	House/Block/Lot No. Street Atuyan Subdivision/Village Barangay Saint Bernard Southern Leyte City/Municipality Province 6616
9. BLOOD TYPE		19. TELEPHONE NO.	
10. GSIS ID NO.		20. MOBILE NO.	0995 505 7364
11. PAG-IBIG ID NO.	121075648187	21. E-MAIL ADDRESS (if any)	danielsumabat@gmail.com
12. PHILHEALTH NO.	130252651226		
13. SSS NO.	0633788207		
14. TIN NO.	436622577000		
15. AGENCY EMPLOYEE NO.			

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	Zedekiah Daniel R. Sumabat	11/11/2018
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	Sumabat			
FIRST NAME	Diosdado	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Calapre			
25. MOTHER'S MAIDEN NAME				
SURNAME	Daniolco			
FIRST NAME	Petronila			
MIDDLE NAME	Margas		(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 EARN	YEAR GRADUATED	SCHOLARSHIP / ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Maria Asuncion Elementary School		Jun-98	Mar-04		2004	Salutatorian
SECONDARY	Cristo Rey Regional High School		Jun-04	Mar-08		2008	8th Honorable Mention
VOCATIONAL / TRADE COURSE	Magsaysay Center for Hospitality and Culinary Arts	Food and Beverage Services	Jun-19	Mar-20		2020	
COLLEGE	Visayas State University	Bachelor of Hotel, Restaurant and Tourism Management	Jun-08	Apr-12		2012	Cum Laude
GRADUATE STUDIES	University of the Philippines Visayas - Tacloban Campus	Master of Management major in Business Management	Sep-21	present			

(Continue on separate sheet if necessary)	
SIGNATURE	DATE
	January 26, 2022

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
	<b>Honor Graduate Eligibility</b>		<b>4/10/2012</b>	<b>Visayas State University</b>	<b>100108120205</b>	
	<b>Driver's License</b>			<b>Maasin City</b>	<b>H11-14-000477</b>	<b>7/26/2023</b>

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

[illegible]

<b>SIGNATURE</b>		<b>DATE</b>	1/26/2022
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Doubt

1/26/2022

## 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		

(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		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Mang Inasal Management Trainee Development Program	6/1/2013	9/4/2013	600	Managerial	Mang Inasal Philippines Incorporated
	Food Safety and Hazard Analysis Critical Control Point	7/2/2013	7/2/2013	8 hours	Managerial	Mang Inasal Philippines Incorporated
	CME ViSERDAC Training Series: Developing	11/13/2020	11/13/2020	8 hours	Technical	College of management and Economics
	Food Safety and Hygeine Seminar	5/20/2021	5/20/2021	8 hours	Technical	USA Poutry and EggExport Council

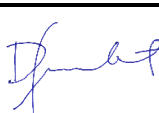
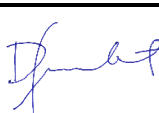
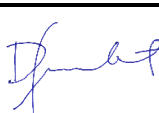
(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Photo and Video Editing			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/26/2022
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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or 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 checked="" type="checkbox"/> YES <input 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 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</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>Ramila A. Geganto, RN</td> <td>Magabagacay, Saint Bernard, Southern Leyte</td> <td>0955 470 5345</td> </tr> <tr> <td>Engr. Raymart Bulagsac</td> <td>Catmon, Saint Bernard, Southern Leyte</td> <td>0917 164 6997</td> </tr> <tr> <td>Roda M. Garcia, RN</td> <td>Catmon, Saint Bernard, Southern Leyte</td> <td>0997 456 1749</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Ramila A. Geganto, RN	Magabagacay, Saint Bernard, Southern Leyte	0955 470 5345	Engr. Raymart Bulagsac	Catmon, Saint Bernard, Southern Leyte	0917 164 6997	Roda M. Garcia, RN	Catmon, Saint Bernard, Southern Leyte	0997 456 1749
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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>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> <td>PLEASE INDICATE ID Number</td> </tr> <tr> <td>Government Issued ID:</td> <td>UMID</td> </tr> <tr> <td>ID/License/Passport No.</td> <td>CRN-0111-4855846-8</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	Government Issued ID:	UMID	ID/License/Passport No.	CRN-0111-4855846-8	Date/Place of Issuance:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 80px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">1/26/2022</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	1/26/2022	Date Accomplished
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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;"></div> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto; text-align: center;"> <p>Person Administering Oath</p> </div>													



PHOTO

Right Thumbmark