

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	BAGARINAO		
FIRST NAME	SHIELA MAE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	OQUIAS		
3. DATE OF BIRTH (mm/dd/yyyy)	7/27/2001	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	BAYBAY 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:		
7. HEIGHT (m)	1.55	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
8. WEIGHT (kg)	58	ZIP CODE	6521
9. BLOOD TYPE		18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
10. GSIS ID NO.	NONE	ZIP CODE	6521
11. PAG-IBIG ID NO.	NONE		
12. PHILHEALTH NO.	13-251917358-5		
13. SSS NO.	NONE	19. TELEPHONE NO.	
14. TIN NO.	NONE	20. MOBILE NO.	09977733773
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	ssmbagarinao@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		NAME EXTENSION (JR., SR)	None	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	BAGARINAO			
FIRST NAME	REYNALDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	VEGA			
25. MOTHER'S MAIDEN NAME				
SURNAME	OQUIAS			
FIRST NAME	GRACE			
MIDDLE NAME	SORIA			

(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	ALPHA CHRISTIAN SCHOOL	ELEMENTARY EDUCATION	2008	2014	GRADUATED	2014	HONOR
SECONDARY	VISAYAS STATE UNIVERSITY INTEGRATED HIGHSCHOOL	SECONDARY EDUCATION/ ACCOUNTANCY, BUSINESS AND MANAGEMENT	2014	2020	GRADUATED	2020	HIGH HONOR
VOCATIONAL / TRADE COURSE	NONE	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	BACHELOR OF SCIENCE IN ACCOUNTANCY	2020	2024	GRADUATED	2024	NONE
GRADUATE STUDIES	NONE	N/A				N/A	

(Continue on separate sheet if necessary)

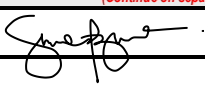
SIGNATURE		DATE	08/02/2024
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IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	Career Service Professional Examination	82.11%	8/20/2023	Tacloban City		
	Certified Bookkeeper	With Distinction	12/2023	Tacloban City		4/2025

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	08/02/2024
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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			
	None	N/A		N/A	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			
	A Comprehensive Guide to Job Order and Process Costing	11/29/2023	11/29/2023	3 hours		Brian Villaluz, CPA, MBA
	Advance Financial Accounting and Reporting Webinar	10/21/2023	10/21/2023	3 hours		Real Excellence Online (REO)
	IKAW UG AKO: Self Care Becomes Collective Care	4/22/2021	4/22/2021	2 hours		Commission on Higher Education (CHED)
(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		None		Junior Philippine Institute of Accountants - Saint Paul School of Professional Chapter	
	Bookkeeping				National Federation of Junior Philippine Institute of Accountants	
	Detail-oriented				National Institute of Accounting Technicians	
	Cooking and Baking					
	Photography					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		08/02/2024

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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME		ADDRESS
Dr. Oscar Posas		Marcos, Baybay City, Leyte
Jomari Jess Abellar, CPA, MBA		Campetic, Palo, Leyte
Joji Grace D. Cortes		Guadalupe, Baybay City, Leyte
TEL. NO.		9535470623
9612253270		
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.		
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: Philippine Identification Card</div> <div>ID/License/Passport No.: 5981-9563-4251-6480</div> <div>Date/Place of Issuance: 11/27/2021</div>		<div><div></div><div>Signature (Sign inside the box)</div><div>08/02/2024</div><div>Date Accomplished</div></div> <div><div></div><div>Right Thumbmark</div></div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div></div> <div>Person Administering Oath</div>		



PHOTO

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