

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	VALERA		
FIRST NAME	CHERRYL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	FUENTES		
3. DATE OF BIRTH (mm/dd/yyyy)	January 25, 1985	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	Tacloban 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	Brgy. Guinbalot-an Sta. Rita, Samar House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
7. HEIGHT (m)	1.60m	ZIP CODE	
8. WEIGHT (kg)	55kg		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	Brgy. Guinbalot-an Sta. Rita, Samar House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
10. GSIS ID NO.	2005173493	ZIP CODE	
11. PAG-IBIG ID NO.	076771938711		
12. PHILHEALTH NO.	030502365149		
13. SSS NO.	33-99-33564-5	19. TELEPHONE NO.	
14. TIN NO.	250-570-275-000	20. MOBILE NO.	09054862813
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	cherrylvalera09@gmail.com

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)	ZOE PRINCESS CHIARA, ADUCTANTE	FEB 10, 2009
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	VALERA			DEC.23, 1943
FIRST NAME	DIOSCORO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ALCARAZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	FUENTES			NOV.22, 1942
FIRST NAME	VICTORIA			
MIDDLE NAME	SABUSAP		(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	KAPANGIAN ELEMENTARY SCHOOL	ELEMENTARY	6/1/1990	3/30/1996	GRADUATED	1996	
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	SECONDARY	6/1/1996	3/30/2000	GRADUATED	2000	
VOCATIONAL /	TESDA	Housekeeping II	4/1/2017	5/1/2017	COMPLETED	2017	
COLLEGE	SOUTHWESTERN University	COLLEGE	6/1/2000	3/30/2005	GRADUATED	2005	
GRADUATE STUDIES	LEYTE COLLEGES/ PHILIPPINE WOMENS UNIVERSITY	BSED SUPPLEMENTAL UNITS/ MASTERS IN PHARMACY- MANAGEMENT AND ADMINISTRATION	01/06/2015-01/06/2018	30/03/2017-PRESENT	COMPLETED/ 30 UNITS EARNED	2017/ On-progress	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 7, 2023
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[illegible]

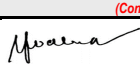
V. WORK EXPERIENCE




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

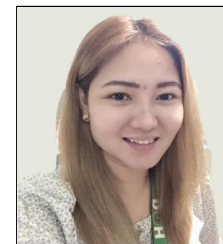
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(Continue on separate sheet if necessary)

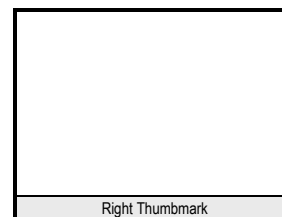
SIGNATURE		DATE	07/01/2023
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	From	To				
PHILIPPINE PHARMACY ASSOCIATION	1-28-2015	PRESENT		Member		
ASSOCIATION OF PHARMACEUTICAL RESEARCH	1/1/2020	12-30-2022		Member		
(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				
BASIC PSYCHOSOCIAL SUPPORT TRAINING AND PROCESSING	DEC.12,2022	DEC 12, 2022	8HRS		DOH-CENTER FOR HEALTH DEVELOPMENT	
ANTIMICROBIAL STEWARDSHIP BLENDED LEARNING PROGRAM FOR PRIMARY HEALTH CARE	OCT.01.2022	OCT.31-2022	1MONTH		DOH-CENTER FOR HEALTH DEVELOPMENT	
ANTIMICROBIAL STEWARDSHIP PERSCTIVE	MARCH17,2022	MARCH17,2022	3HRS		UNILAB MEDICAL EDUCATION & DEVT	
WEBINAR ON VIDEO RECORDING AND PODCAST PRODUCTION	JAN 12, 14, 17, 20	FEB 20,2022	32HRS		CHED-PROGRAM-SSU HOST	
Webinar on Mental Health for Employees	3/12/2021	3/12/2021	8HRS		SAMAR STATE UNIVERSITY	
Seminar on Basic Animal Welfare in Phil. Academic Setting	2/2/2021	3/2/2021	16HRS		SAMAR STATE UNIVERSITY	
Faculty In-house Training on Moodle-based Learning Management System	07/13/2020	07/17/2020	48HRS		SAMAR STATE UNIVERSITY	
PLAN TRAININ G SESSION I	4/19/2021	4/17/2021	4HRS		TESDA	
ORIENTING ONESELF TO ENVIRONMENTALLY SUSTAINABLE WORK STANDARD	4/19/2021	4/19/2021	4HRS		TESDA	
BROADCAST SPEECH AND PERFORMANCE SESSION 4-6	9/17/2020	9/20/2022	28HRS		CHED/UP/SAMAR STATE UNIVERSITY	
Flexible Learning in Higher Education Institution Webinar	07/11-12/2020	07/15-19/2020	48HRS		SAMAR STATE UNIVERSITY	
CRAFTING AND CRITIQUING SSU PERSONNEL DEVELOPMENT	4/10/2021	6/10/2021	28HRS		SAMAR STATE UNIVERSITY	
Internationalization vs Digitalization	07/22/2020	07/26/2020	48 hrs		SAMAR STATE UNIVERSITY	
RESEARCH Center for Culture and Social Issues	11/18/2019	11/18/2019	8HRS		SAMAR STATE UNIVERSITY	
RESEARCH PROPOSAL ENHANCEMENT WORKSHOP	9/26/2019	9/27/2019	16HRS		DOH-EV Health Research and Devt consortium	
RESEARCH PROPOSAL ENHANCEMENT WORKSHOP	9/26/2018	9/27/2018	16HRS		DOH-EV Health Research and Devt consortium	
Intitutional Strategic Planning & Mentoring Session for Internationalization	12/10/2020	10/14/2022	36hrs		SAMAR STATE UNIVERSITY	
(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)		
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		07/01/2023

<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 checked="" type="checkbox"/> YES <input 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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DOLORES L. ARTECHE</td> <td>SSU-CATBALOGAN</td> <td>9175030515</td> </tr> <tr> <td>MADEL FONOLLERA</td> <td>BEROVAN MARKTNG INC</td> <td>9554723495</td> </tr> <tr> <td>EVELYN ABAIGAR</td> <td>Head HRMO SSU, Catbalogan City</td> <td>9776921541</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DOLORES L. ARTECHE	SSU-CATBALOGAN	9175030515	MADEL FONOLLERA	BEROVAN MARKTNG INC	9554723495	EVELYN ABAIGAR	Head HRMO SSU, Catbalogan City	9776921541
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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>													
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<p style="text-align: center;">SUBSCRIBED AND SWORN to before me this <u>MARCH 07, 2022</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; margin: 10px auto; height: 60px; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px; background-color: #cccccc; padding: 2px 5px;">Person Administering Oath</div> </div>													



PHOTO



Right Thumbmark