

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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)
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I. PERSONAL INFORMATION

2. SURNAME FIRST NAME MIDDLE NAME	VELOSO			
	YVONNE		NAME EXTENSION (JR., SR) N/A	
	PAÑA			
3. DATE OF BIRTH (mm/dd/yyyy)	03/19/1981	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	BAYBAY CITY, LEYTE			
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 ZIP CODE	LOT 44 BLK 6	
			House/Block/Lot No. Street	
PURAVILLE BAGONG BUHAY				
Subdivision/Village Barangay				
ORMOC LEYTE				
City/Municipality Province				
6541				
7. HEIGHT (m)	1.57		18. PERMANENT ADDRESS ZIP CODE	LOT 44 BLK 6
8. WEIGHT (kg)	55			House/Block/Lot No. Street
9. BLOOD TYPE	O			PURAVILLE BAGONG BUHAY
10. GSIS ID NO.	N/A	Subdivision/Village Barangay		
11. PAG-IBIG ID NO.	N/A	ORMOC LEYTE		
12. PHILHEALTH NO.	N/A	City/Municipality Province	6541	
13. SSS NO.	N/A	19. TELEPHONE NO.	(053) 888-3700	
14. TIN NO.	N/A	20. MOBILE NO.	09999282928	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	yvonseloso37@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	VELOSO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)		
	SIGFREDO	JR			SAMANTHA ZYRAH P. VELOSO	09/28/2010
	CONUI				SHEENA THEA P. VELOSO	07/30/2012
OCCUPATION	RETIRED GOVERNMENT EMPLOYEE					
EMPLOYER/BUSINESS NAME	PHILIPPINE FIBER DEVELOPMENT AUTHORITY					
BUSINESS ADDRESS	TACLOBAN, CITY					
TELEPHONE NO.	N/A					
24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	PANA					
	ENESERIO	SR				
	ASOY					
25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME						
	TOREGOSA					
	LUCIA					
	BEBANCO		(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	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	HIGULO-AN ELEMENTARY SCHOOL	PRIMARY EDUCATION	1988	1994	GRADUATED	1994	WITH HONORS
SECONDARY	MAKINHAS NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	1994	1998	GRADUATED	1998	WITH HONORS
VOCATIONAL /	EASTERN VISAYAS STATE UNIVERSITY	DIPLOMA IN TEACHING SECONDARY			GRADUATED	2018	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURAL ECONOMICS	1999	2004	GRADUATED	2004	N/A
GRADUATE STUDIES	BILIRAN PROVINCE STATE UNIVERSITY	MASTER OF ARTS IN EDUCATIONAL MANAGEMENT	2018	PRESENT	N/A	N/A	N/A
(Continue on separate sheet if necessary)							
SIGNATURE				DATE			

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	
	LICENSURE EXAMINATION FOR TEACHERS		80.4	09/30/2018	TACLOBAN, CITY	1692566	03/19/2024	
(Continue on separate sheet if necessary)								
V. WORK EXPERIENCE								
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.								
28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE
	From	To						
	1/6/2021	PRESENT	BOOKKEEPER	ACEDILLA INTEGRATED FARM	10000.00	N/A	CONTRACT	N
	4/17/2023	6/16/2023	FINANCE ASSISTANT/ONLINE BOOKKEEPER	SURGE MARKETPLACE	500.00	N/A	CONTRACT	N
(Continue on separate sheet if necessary)								
SIGNATURE					DATE			

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	N/A	N/A	N/A	N/A

(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			
BOOKKEEPING NCIII	9/8/2017	11/15/2017	404.0	TECHNICAL	WESTERN LEYTE COLLEGE OF ORMOC
ONLINE BOOKEEPING	3/1/2021	02/20/2021	232.0	TECHNICAL	FILIPINO VIRTUAL ASSISTANT/SURGE MARKETPLACE
ORGANIC AGRICULTURE PRODUCTION NCII	10/23/2018	11/29/2018	232.0	TECHNICAL	JUANITO ECO-FARM AND SCHOOL FOR PRACTICAL AGRICULTURE
AGRICULTURAL CROPS PRODUCTION NCII	5/4/2019	05/29/2019	232.0	TECHNICAL	GOLD FARM
GOAL SETTING FOR ASPIRING BOOKKEEPER	02/16/2021	02/16/2021	8.0	TECHNICAL	BOOKKEEPERS ASSOCIATION OF THE PHILIPPINES
BOOKKEEPING TECHNICALITIES	6/3/2022	6/3/2022	8.0	TECHNICAL	BOOKKEEPERS ASSOCIATION OF THE PHILIPPINES
ONLINE ACCOUNTING/BOOKKEEPING	10/31/2022	12/18/2022	348.0	TECHNICAL	MAB ONLINE ACADEMY
QUICKBOOKS PRO ADVISOR	10/31/2022	11/14/2022	75.0	TECHNICAL	QUICKBOOKS ONLINE
XERO CERTIFIED ADVISOR	1/11/2022	11/16/2022	58.0	TECHNICAL	XERO ONLINE
ACCOUNTING SYSTEM USING ACCUBOOKS	7/15/2023	7/21/2023	58.0	TECHNICAL	ALLY TECHNO GRIT SOLUTION
ACCOUNTING 101	7/16/2023	7/22/2023	58.0	TECHNICAL	ALLY TECHNO GRIT SOLUTION
XERO PAYROLL ADVISOR	8/1/2023	8/9/2023	58.0	TECHNICAL	XERO ONLINE


(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)
MS Word, Excel, & Powerpoint	N/A	N/A
Quickbooks, Xero, Accubooks		
Trello, Slack, Skype, Zoom,Google		
AlayaCare, Zoho CRM,Adobe Acrobat		
Freedom Voice, ILOVEPDF		
CANVA PRO		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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34. 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, 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 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)			<div> PHOTO</div> <div></div> <div>Right Thumbmark</div>	
NAME		ADDRESS		TEL. NO.
DR. DELICIA C. INGHUG		ORMOC, CITY		9254983641
Ms. DEXIE JANE CARRESOSA		ORMOC, CITY	9394382491	
ANTONIO A. ACEDILLA		BAYBAY CITY, LEYTE	(053)563-7198	
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: PRC</div> <div>ID/License/Passport No.: 1692566</div> <div>Date/Place of Issuance: 12/28/2019 ORMOC,CITY</div>		<div></div> <div>Signature (Sign inside the box)</div> <div></div> <div>Date Accomplished</div>		
SUBSCRIBED AND SWORN to before me this _____, <u>affiant</u> exhibiting his/her validly issued government ID as indicated above. <div></div> <div>Person Administering Oath</div>				