

# 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	LORETO		
FIRST NAME	MA. TRINA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	CAINTIC		
3. DATE OF BIRTH (mm/dd/yyyy)	01/18/2000	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	BAYBAY CITY, LEYTE	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	N/A House/Block/Lot No. N/A Subdivision/Village BAYBAY CITY City/Municipality ZIP CODE 6521
7. HEIGHT (m)	1.64m.	18. PERMANENT ADDRESS	N/A House/Block/Lot No. N/A Subdivision/Village BAYBAY CITY City/Municipality ZIP CODE 6521
8. WEIGHT (kg)	60 kg.	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	N/A	20. MOBILE NO.	09975411980 / 09510471564
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	matrinaloreto18@gmail.com
11. PAG-IBIG ID NO.	1213-2280-7793		
12. PHILHEALTH NO.	13-250359151-4		
13. SSS NO.	06-4614110-3		
14. TIN NO.	634-381-911		
15. AGENCY EMPLOYEE NO.	N/A		

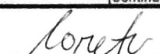
## II. FAMILY BACKGROUND

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)	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	LORETO			
FIRST NAME	TRIFON	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SUAN	N/A		
25. MOTHER'S MAIDEN NAME				
SURNAME	CAINTIC			
FIRST NAME	EDNA			
MIDDLE NAME	ROMERO			

## 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	BAYBAY ADVENTIST ELEMENTARY SCHOOL	PRIMARY EDUCATION	2006	2012	GRADUATED	2012	WITH HONORS
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	JUNIOR HIGH SCHOOL	2012	2016	GRADUATED	2016	N/A
	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	SENIOR HIGH SCHOOL	2016	2018	GRADUATED	2018	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN SCIENCE	2018	2022	GRADUATED	2022	N/A
GRADUATE STUDIES	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION INCORPORATED	MASTER OF ARTS IN EDUCATION MAJOR IN NATURAL SCIENCE	2023	ONGOING	30 UNITS	ONGOING	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/05/2025
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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.

[illegible]

SIGNATURE	<i>Koreha</i>	DATE	02/05/2025
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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		
	N/A				

(Continue on separate sheet if necessary)

**VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED**

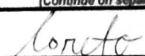
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	NATIONAL TRAINING ON MICROSOFT OFFICE UPSKILLING FOR TEACHERS	12/15/2024	12/19/2024	40 HOURS		EDTECH TEACHER TRAINING CENTER
	NATIONAL TRAINING ON GOOGLE WORKSPACE FOR EDUCATION	12/10/2024	12/14/2024	40 HOURS		EDTECH TEACHER TRAINING CENTER
	NATIONAL TRAINING ON INTERACTIVE TEACHING AND LEARNING PROCESS USING CLASSPOINT	12/08/2024	12/09/2024	16 HOURS		EDTECH TEACHER TRAINING CENTER
	LIVE-OUT SEMINAR-WORKSHOP ON COACHING AND OFFICIATING	09/13/2024	09/15/2024	20 HOURS	TECHNICAL	DEPARTMENT OF EDUCATION SCHOOLS DIVISION OFFICE OF BAYBAY CITY PRIVATE EDUCATION ASSISTANCE COMMITTEE
	2024 IN-SERVICE TRAINING FOR SENIOR HIGH SCHOOL TEACHERS	08/02/2024	08/04/2024	24 HOURS		FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION
	BE ENGAGE AND BE COUNTED	02/22/2024	02/22/2024	4 HOURS		FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION
	WRITING EDUCATIONAL RESEARCH USING QUALITATIVE AND QUANTITATIVE DESIGN	01/26/2024	01/27/2024	16 HOURS		FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION
	BUILDING ESSENTIAL R'S (RESPECT, RELATIONSHIPS, RESPONSIBILITY, RELEVANCE) FOR TEACHER'S	09/28/2023	09/28/2023	4 HOURS		FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION
	GUIDELINES ON RECRUITMENT, SELECTION, AND APPOINTMENT IN DEPED	08/19/2023	08/19/2023	2 HOURS		PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS INC.
	HANDLING STUDENTS WITH SPECIAL NEEDS	08/17/2023	08/17/2023	4 HOURS		FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION
	WRITING HIGH IMPACT LEARNING PLAN	08/12/2023	08/12/2023	2 HOURS		PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS INC.
	MANAGING ONE'S ANXIETY IN THE TEACHING PROFESSION	08/05/2023	08/05/2023	2 HOURS		PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS INC.
	CLASS ADVISERS AS PARA-COUNSELOR	08/05/2023	08/05/2023	2 HOURS		PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS INC.
	CREATING AND DESIGNING LEARNING RESOURCE MATERIALS	07/29/2023	07/29/2023	2 HOURS		PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS INC.
	TEACHING AS A PROFESSION, MISSION AND VOCATION	07/29/2023	07/29/2023	2 HOURS		PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS INC.
	CHILD PROTECTION POLICY ORIENTATION, BULLYING PREVENTION, AND STRATEGIES IN COMMUNICATION EFFECTIVELY TO PARENTS	07/26/2023	07/26/2023	16 HOURS		FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION
	RACE AGAINST SUICIDE	07/24/2023	07/24/2023	4 HOURS		FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION
	2ND USC-VSU BIOPHYSICS SYMPOSIUM	07/07/2024	07/07/2024	8 HOURS		VISAYAS STATE UNIVERSITY

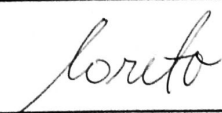
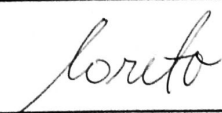
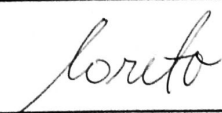

(Continue on separate sheet if necessary)


**VIII. OTHER INFORMATION**


31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	N/A		CERTIFICATE OF RECOGNITION FOR BEING THIRD PLACER (COACH) IN CHESS		N/A
			CERTIFICATE OF RECOGNITION FOR BEING 5TH PLACER- COACH IN SCIENCE & TECHNOLOGY WRITING- FILIPINO (SECONDARY)		
			CERTIFICATE OF RECOGNITION FOR BEING 5TH PLACER- COACH IN SCIENCE & TECHNOLOGY WRITING- ENGLISH (SECONDARY)		
			CERTIFICATE OF RECOGNITION FOR BEING A QUIZ BEE FIRST PLACER-COACH 2023 DSTMF		

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	02/05/2025
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<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> <hr/> <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 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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>MRS. TRACIE PUNA</td> <td>BAYBAY CITY, LEYTE</td> <td>9510402806</td> </tr> <tr> <td>MS. KATHERINE POLINAR</td> <td>BRGY. PUNTA BAYBAY CITY, LEYTE</td> <td>9614357772</td> </tr> <tr> <td>KAP. TERESITA S. PIALAGO</td> <td>BRGY. COGON BAYBAY CITY, LEYTE</td> <td>9677010968</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	MRS. TRACIE PUNA	BAYBAY CITY, LEYTE	9510402806	MS. KATHERINE POLINAR	BRGY. PUNTA BAYBAY CITY, LEYTE	9614357772	KAP. TERESITA S. PIALAGO	BRGY. COGON BAYBAY CITY, LEYTE	9677010968
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KAP. TERESITA S. PIALAGO	BRGY. COGON BAYBAY CITY, LEYTE	9677010968											
<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 colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PRC</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>2061892</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>07/03/2023, ORMOC CITY</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:	PRC	ID/License/Passport No.:	2061892	Date/Place of Issuance:	07/03/2023, ORMOC CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">             Signature (Sign inside the box)            02/05/2025            Date Accomplished         </td> </tr> </table>	 Signature (Sign inside the box) 02/05/2025 Date Accomplished	
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ID/License/Passport No.:	2061892												
Date/Place of Issuance:	07/03/2023, ORMOC CITY												
 Signature (Sign inside the box) 02/05/2025 Date Accomplished													
<p>SUBSCRIBED AND SWORN to before me this <u>FEBRUARY 5, 2025</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;">   <b>TERESITA S. PIALAGO</b>            Person Administering Oath         </div>													

  
**LORETO, MA. TRINA C.**  
PHOTO

  
Right Thumbmark