

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)

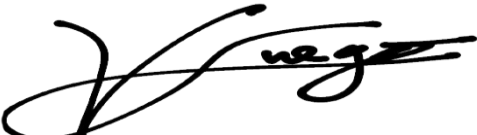
I. PERSONAL INFORMATION

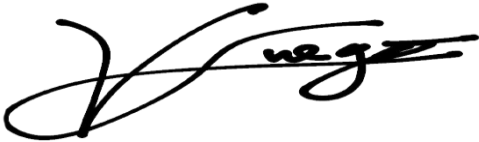
2. SURNAME	LUEGO		
FIRST NAME	VELVETTE LAARNI		NAME EXTENSION (JR., SR)
MIDDLE NAME	QUIJANO		
3. DATE OF BIRTH (mm/dd/yyyy)	06/18/2001	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	MAASIN, 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	575 SAN ISIDRO NORTH House/Block/Lot No. Street CAHAGNAAN Subdivision/Village Barangay MATALOM LEYTE City/Municipality Province 6526
7. HEIGHT (m)	1.5 m	18. PERMANENT ADDRESS	575 SAN ISIDRO NORTH House/Block/Lot No. Street CAHAGNAAN Subdivision/Village Barangay MATALOM LEYTE City/Municipality Province 6526
8. WEIGHT (kg)	50 kg		ZIP CODE
9. BLOOD TYPE	B+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09105182632
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	velvetteluego@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	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LUEGO			10/25/1963
FIRST NAME	FERDINAND	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BISNAR			
25. MOTHER'S MAIDEN NAME				

SURNAME	QUIJANO				10/21/1963	
FIRST NAME	MARIA THERESA LAARNI					
MIDDLE NAME	FUMERO		(Continue on separate sheet if necessary)			

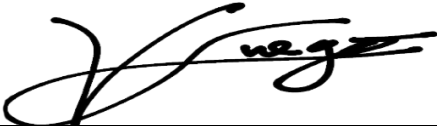

III. EDUCATIONAL BACKGROUND								
26.	LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
				From	To			
	ELEMENTARY	CAHAGNAAN CENTRAL SCHOOL		2007	2013		2012-2013	Valedictorian Journalist of the Year Leadership Awardee
	SECONDARY	BATO SCHOOL OF FISHERIES SAINT JOSEPH COLLEGE		2013	2017		2016-2017	Journalist of the year
	JUNIOR HIGH SCHOOL			2017	2019		2018-2019	With High Honors Leadership Awardee Journalist of the Year Special Academic Awardee
	SENIOR HIGH SCHOOL							
	VOCATIONAL / TRADE COURSE	N/A						
	COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN ENGLISH	2019	2023		2022-2023	Exemplary teacher intern Best in lesson planning Best Classroom-Based Action Research Dean's Lister S.Y. 2020-2021 English Circle Auditor (2021-2022) English Circle 4th Year Representative (2022-2023)
	GRADUATE STUDIES	N/A						
(Continue on separate sheet if necessary)								
SIGNATURE				DATE		06/24/2024		

(Continue on separate sheet if necessary)							
SIGNATURE				DATE	06/24/2024		

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			
	St. James the Apostle Parish	January 2022	Present	8 hours every week	Assistant Youth Leader Social Communications Coordinator	
(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 (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	N/A	N/A	N/A	N/A	N/A	N/A
(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)
	N/A	N/A				N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/24/2024
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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>YES, please specify: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>_____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>_____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>_____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>DR. VERNA BELLE BALMORI</td><td>Southern Leyte State University Main Campus</td><td>09150728056</td></tr><tr><td>DR. ULDERICO B. ALVIOLA</td><td>Visayas State University</td><td>+639778512000</td></tr><tr><td></td><td></td><td></td></tr></table>		NAME	ADDRESS	TEL. NO.	DR. VERNA BELLE BALMORI	Southern Leyte State University Main Campus	09150728056	DR. ULDERICO B. ALVIOLA	Visayas State University	+639778512000			
NAME	ADDRESS	TEL. NO.											
DR. VERNA BELLE BALMORI	Southern Leyte State University Main Campus	09150728056											
DR. ULDERICO B. ALVIOLA	Visayas State University	+639778512000											
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: 2032-4918-3902-9607</div> <div>ID/License/Passport No.: 2198436</div>	<div></div> <div>Signature (Sign inside the box)</div>	<div></div> <div>VELVETTE LAARNI Q. LUEGO</div>											

Date/Place of Issuance: TACLOBAN CITY

06/24/2024
Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering
Oath

