

## 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	MILANO		
FIRST NAME	ROSEMARIE	NAME EXTENSION (JR., SR) n/a	
MIDDLE NAME	CASTILLO		
3. DATE OF BIRTH (mm/dd/yyyy)	03/14/1994	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: n/a
4. PLACE OF BIRTH	Hilongos, 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. Street Purok Gumamela, Brgy. Bagong Lipunan Subdivision/Village Barangay Hilongos Leyte City/Municipality Province
7. HEIGHT (m)	1.60	ZIP CODE	6524
8. WEIGHT (kg)	60	18. PERMANENT ADDRESS	n/a House/Block/Lot No. Street Purok Gumamela, Brgy. Bagong Lipunan Subdivision/Village Barangay Hilongos Leyte City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	6524
10. GSIS ID NO.	n/a	19. TELEPHONE NO.	n/a
11. PAG-IBIG ID NO.	1211-3164-7228	20. MOBILE NO.	09367354421
12. PHILHEALTH NO.	13-025261838-5	21. E-MAIL ADDRESS (if any)	rcmilano.official@gmail.com
13. SSS NO.	06-3607585-2		
14. TIN NO.	321-592-029		
15. AGENCY EMPLOYEE NO.	n/a		

## II. FAMILY BACKGROUND

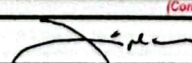
22. SPOUSE'S SURNAME	n/a		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	n/a	NAME EXTENSION (JR., SR) n/a	Lore Raine M. Borja	05/06/2022
MIDDLE NAME	n/a			
OCCUPATION	n/a			
EMPLOYER/BUSINESS NAME	n/a			
BUSINESS ADDRESS	n/a			
TELEPHONE NO.	n/a			
24. FATHER'S SURNAME	MILANO			
FIRST NAME	RODRIGO	NAME EXTENSION (JR., SR) n/a		
MIDDLE NAME	NICER			
25. MOTHER'S MAIDEN NAME	MILAGROS ZAMORA CASTILLO			
SURNAME	MILANO			
FIRST NAME	MILAGROS			
MIDDLE NAME	CASTILLO			

(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	Hilongos South Central School	n/a	2000	2006	n/a	2006	n/a
SECONDARY	Hilongos National Vocational School	Major in Drafting	2006	2010	n/a	2010	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 Science in Chemistry	2010	2014	n/a	2014	n/a
GRADUATE STUDIES	n/a	n/a	n/a	n/a	n/a	n/a	n/a

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/04/2023
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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.

[illegible]

SIGNATURE		DATE	07/06/2023
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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		
	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)

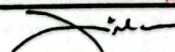
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/Supervisory/Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Nutrient Removal Technologies for Wastewater Treatment	11/29/2022	n/a	8	Technical	Pollution Control Association of the Philippines, Inc.
	Basic Accounting for Non-Accountants	03/12/2022	n/a	8	Managerial	Quezon City Union of Cooperatives
	8-hour Mandatory Cascade of DO 198-18 Implementing Rules and Regulations of RA of 11058	07/17/2021	n/a	8	Orientation	F.A.S.T. Laboratories Institute
	Interpreting and Using Measurement Results and Calibration Interval Determination	05/08/2021	n/a	8	Technical	F.A.S.T. Laboratories Institute
	Chemical Safety / Understanding SDS and Spill Control Response (16 hrs)	05/04/2021	05/05/2021	16	Safety	Safety First Training and Consultancy
	Supervisory Development Course Module 5 - Motivation	01/28/2021	n/a	8	Supervisory	MTR - The Mentor Group Professional Consultants and Co.
	Measurement Uncertainty	10/17/2019	10/18/2019	16	Technical	F.A.S.T. Laboratories Institute
	Method Validation	10/11/2019	n/a	8	Technical	F.A.S.T. Laboratories Institute
	Basic Pollution Control Officer (PCO) Training Course	08/06/2019	08/10/2019	40	Technical	Pollution Control Association of the Philippines, Inc.
	Risk-Based Thinking for ISO/IEC 17025:2017	03/22/2019	n/a	8	Managerial	F.A.S.T. Laboratories Institute
	Seminar - Workshop on ISO/IEC 17025:2017	02/26/2019	02/27/2019	16	Managerial	F.A.S.T. Laboratories Institute
	Management Development Program	01/15/2019	01/18/2019	32	Supervisory	F.A.S.T. Laboratories Institute

(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		n/a		n/a

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/06/2023
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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> <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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Resigned _____</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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Karen Mae L. Alfante</td> <td>Cagayan de Oro</td> <td>09177108249</td> </tr> <tr> <td>Yehlen S. Borja</td> <td>Quezon City</td> <td>09166414509</td> </tr> <tr> <td>Noreve Jean Agad Malacora</td> <td>Baybay City, Leyte</td> <td>09267626427</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Karen Mae L. Alfante	Cagayan de Oro	09177108249	Yehlen S. Borja	Quezon City	09166414509	Noreve Jean Agad Malacora	Baybay City, Leyte	09267626427
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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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: Professional Regulation Commission</p> <p>ID/License/Passport No.: 0017856</p> <p>Date/Place of Issuance: 08/14/2016 / Cebu</p>	<p>Signature (Sign inside the box)</p> <p>07/06/2023</p> <p>Date Accomplished</p>												
<p>SUBSCRIBED AND SWORN to before me this <u>06</u> <u>JUL</u> 2023, at <u>Baybay City, Leyte</u>, by <u>ROSEMABE C. MILANO</u>, applicant exhibiting his/her validly issued government ID as indicated above.</p> <p>DOC. No.: <u>2019</u></p> <p>PAGE No.: <u>80</u></p> <p>BOOK No.: <u>1000</u></p> <p>SERIES OF: <u>7000</u></p>													

