

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	ALEJANDRIA		
FIRST NAME	ROMELA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	REGACION		
3. DATE OF BIRTH (mm/dd/yyyy)	06/19/1996	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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.57	17. RESIDENTIAL ADDRESS	House/Block/L of No. Street POMPONAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	50	18. PERMANENT ADDRESS	MADRID STREET House/Block/L of No. Street DOÑA FELIZA MEJIA Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province ZIP CODE 6541
9. BLOOD TYPE	O+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	1212-18710009		
12. PHILHEALTH NO.	1325-0364297-6		
13. SSS NO.	06-4009984-0	19. TELEPHONE NO.	N/A
14. TIN NO.	711-946-323	20. MOBILE NO.	09078161850
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	regacionrgmail.com

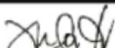
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ALEJANDRIA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOSEPH	NAME EXTENSION (JR., SR)	YUSEF ADIEL R. ALEJANDRIA	01/30/2023
MIDDLE NAME	COSTILLAS			
OCCUPATION	RECEIVING STAFF			
EMPLOYER/BUSINESS NAME	RUFINO BRODETH & CO., INC./ BRODETH MARKETING			
BUSINESS ADDRESS	COR. JUAN LUNA & BURGOS STS., SABANG, ORMOC CITY, LEYTE			
TELEPHONE NO.	(053) 561 8610			
24. FATHER'S SURNAME	REGACION			
FIRST NAME	ROSELITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PERTIMOS			
25. MOTHER'S MAIDEN NAME	BALERIO			
SURNAME	REGACION			
FIRST NAME	MARILYN			
MIDDLE NAME	AYSO		(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	JAENA ELEMENTARY SCHOOL	N/A	06/02/2003	3/27/09		2009	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	N/A	06/01/2009	3/16/13		2013	
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	06/03/2013	6/14/17		2017	
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 9, 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		DATE	February 9, 2025
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[illegible]







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

[illegible]

VIII. OTHER INFORMATION

[illegible]

SIGNATURE		DATE	February 9, 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> <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: <u>moving/change in residency</u></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>AMELITO BORNEO</td> <td>G.H DEL PILAR ST. BAYBAY CITY</td> <td>09852993221</td> </tr> <tr> <td>MAE CLAIRE LABADO</td> <td>COGON, ORMOC CITY, LEYTE</td> <td>09173074394</td> </tr> <tr> <td>ALMERA DAÑOLA</td> <td>BRGY. ZACARITO, BAYBAY CITY, LEYTE</td> <td>09503089174</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	AMELITO BORNEO	G.H DEL PILAR ST. BAYBAY CITY	09852993221	MAE CLAIRE LABADO	COGON, ORMOC CITY, LEYTE	09173074394	ALMERA DAÑOLA	BRGY. ZACARITO, BAYBAY CITY, LEYTE	09503089174
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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>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 60px; margin: 10px auto; text-align: center;"> <p>Person Administering Oath</p> </div>													