



#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(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.**

[illegible]

***(Continue on separate sheet if necessary)***

|                  |   |             |            |
|------------------|---|-------------|------------|
| <b>SIGNATURE</b> |  | <b>DATE</b> | 07/15/2020 |
|------------------|---|-------------|------------|

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

| 29. | NAME & ADDRESS OF ORGANIZATION<br>(Write in full) | INCLUSIVE DATES<br>(mm/dd/yyyy) |    | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|-----|---|---------------------------------|----|-----------------|---------------------------|
|     |   | From                            | To |                 |                           |
|     |   |                                 |    |                 |                           |
|     |   |                                 |    |                 |                           |
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(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<br>INTERVENTIONS/TRAINING PROGRAMS<br>(Write in full) | INCLUSIVE DATES OF<br>ATTENDANCE<br>(mm/dd/yyyy) |            | NUMBER OF HOURS | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full) |
|-----|---|--|------------|-----------------|---|--|
|     |   | From   | To         |                 |   |  |
|     | Training in NC III Bookkeeping  | 02/08/2019                                       | 23/09/2019 | 292             | Technical   | ACLC College of Ormoc                      |
|     |   |  |            |                 |   |  |
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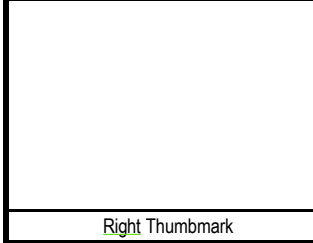

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

| 31. | SPECIAL SKILLS and HOBBIES | NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. | MEMBERSHIP IN<br>ASSOCIATION/ORGANIZATION<br>(Write in full) |
|-----|----------------------------|--|-----|--|
|     | Bookkeeping Skills         | National Certificate III                                   |     | N/A  |
|     | Computer Skills            | N/A  |     |  |
|     | Cooking Skills             | N/A  |     |  |
|     |                            |  |     |  |
|     |                            |  |     |  |
|     |                            |  |     |  |
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| SIGNATURE |  | DATE | 7/15/2020 |
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|--|---|--|----------------------------------|---|---|--|---------------------------------|-------------------------------|--------------------|--|----------------------|--------------------|--|--|
| 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,<br>a. within the third degree?<br>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:<br/>_____</div>   |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| 35. a. Have you ever been found guilty of any administrative offense?<br><br>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:<br/>_____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:<br/>Date Filed: _____<br/>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:<br/>_____</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 checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details:<br/>Finished contract and resignation</div>   |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| 38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?<br><br>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 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):<br/>_____</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 items:<br>a. Are you a member of any indigenous group?<br>b. Are you a person with disability?<br>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)   |   |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| <table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>Dr. Eugene B. Lañada</td><td>Baybay City, Leyte</td><td></td></tr><tr><td>Hon. Vicente Victor G. Veloso</td><td>Baybay City, Leyte</td><td></td></tr><tr><td>Hon. Roberto Alojado</td><td>Baybay City, Leyte</td><td></td></tr></table>  |   | NAME   | ADDRESS                          | TEL. NO.  | Dr. Eugene B. Lañada  | Baybay City, Leyte   |                                 | Hon. Vicente Victor G. Veloso | Baybay City, Leyte |  | Hon. Roberto Alojado | Baybay City, Leyte |  | <br>PHOTO |
| NAME   | ADDRESS   | TEL. NO.   |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| Dr. Eugene B. Lañada   | Baybay City, Leyte  |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| Hon. Vicente Victor G. Veloso  | Baybay City, Leyte  |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| Hon. Roberto Alojado   | Baybay City, Leyte  |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| 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. |   |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| <table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)<br/>PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: Professional Regulation Comission</td></tr><tr><td>ID/License/Passport No.: 1785169</td></tr><tr><td>Date/Place of Issuance: June 25, 2019 Ormoc City, Leyte</td></tr></table>  | Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)<br>PLEASE INDICATE ID Number and Date of Issuance | Government Issued ID: Professional Regulation Comission  | ID/License/Passport No.: 1785169 | Date/Place of Issuance: June 25, 2019 Ormoc City, Leyte | <table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>07/15/2020</td></tr><tr><td>Date Accomplished</td></tr></table> |  | Signature (Sign inside the box) | 07/15/2020                    | Date Accomplished  | <br>Right Thumbmark |                      |                    |  |  |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)<br>PLEASE INDICATE ID Number and Date of Issuance  |   |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| Government Issued ID: Professional Regulation Comission  |   |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| ID/License/Passport No.: 1785169   |   |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| Date/Place of Issuance: June 25, 2019 Ormoc City, Leyte  |   |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
|    |   |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| Signature (Sign inside the box)  |   |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| 07/15/2020   |   |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| Date Accomplished  |   |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.  |   |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| <table><tr><td></td></tr><tr><td>Person Administering Oath</td></tr></table>   |   |  |                                  | Person Administering Oath                               |   |  |                                 |                               |                    |  |                      |                    |  |  |
|  |   |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |
| Person Administering Oath  |   |  |                                  |   |   |  |                                 |                               |                    |  |                      |                    |  |  |