

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 () ☐ 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	SABANDO		
FIRST NAME	RUEN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	APONDAR		
3. DATE OF BIRTH (mm/dd/yyyy)	08/28/2002	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	ALBUERA, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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:		
7. HEIGHT (m)	1.63 m	17. RESIDENTIAL ADDRESS	1080 STO.NINO House/Block/Lot No. Street Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province
8. WEIGHT (kg)	61 kg	ZIP CODE	6542
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	1080 STO.NINO House/Block/Lot No. Street Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6542
11. PAG-IBIG ID NO.	N/A	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	N/A	20. MOBILE NO.	09954326884
13. SSS NO.	06-4956600-2	21. E-MAIL ADDRESS (if any)	ruensabando298@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		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	SABANDO			
FIRST NAME	CIRILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GUARIN			
25. MOTHER'S MAIDEN NAME				
SURNAME	APONDAR			
FIRST NAME	TRINIDAD			
MIDDLE NAME	PONTIANO			

(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	ALBUERA NORTH CENTRAL SCHOOL		2008	2014		2014	THIRD HON. MENTION
SECONDARY	DR. GERONIMO B. ZALDIVAR MEMORIAL SCHOOL OF FISHERIES		2014	2020		2020	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION	2020	2024		2024	MAGNA CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	NOVEMBER 11, 2024
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IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	HONOR GRADUATE ELIGIBILITY		OCTOBER 2, 2024	PALO, LEYTE		

(Continue on separate sheet if necessary)

(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)

SIGNATURE		DATE	NOVEMBER 11, 2024
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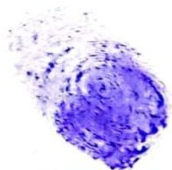

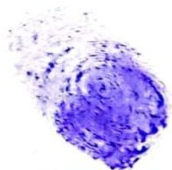

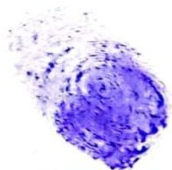
VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	MUSIC FOR THE ENVIRONMENT AND NATION DEVELOPMENT (SUGAT ECO-FESTIVAL)	04/20/2024	04/22/2024		FACILITATOR	
(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			
	#DevCom TALKS RESEARCH WEBINAR SERIES 3!	06/22/2021	06/22/2021			VISAYAS STATE UNIVERSITY - DEPARTMENT OF DEVELOPMENT COMMUNICATION
	BarangayHub: WORKSHOP FOR COMMUNITY FACT-CHECKERS & STORYTELLERS	07/05/2021	07/05/2021			LYF SOLUTIONS
	AUDIO PRODUCTION WORKSHOP	02/22/2023	02/22/2023			VISAYAS STATE UNIVERSITY - DEVELOPMENT COMMUNICATORS' SOCIETY
	VIDEO PRODUCTION WORKSHOP	02/25/2023	02/25/2023			VISAYAS STATE UNIVERSITY - DEVELOPMENT COMMUNICATORS' SOCIETY
	REGISTRATION OF FISHERFOLKS AND INFORMATION AND EDUCATION CAMPAIGN (IEC) OF RA NO. 10654	08/02/2023	08/02/2023			MUNICIPAL AGRICULTURE OFFICE - LGU MAHINOG
	WRITING FOR THE EYES AND EARS WORKSHOP	10/17/2023	10/17/2023			VISAYAS STATE UNIVERSITY - DEVELOPMENT COMMUNICATORS' SOCIETY
	ONE-DAY SEMINAR WORKSHOP ON CIRCULAR ECONOMY	11/29/2023	11/29/2023			VISAYAS STATE UNIVERSITY - DEPARTMENT OF DEVELOPMENT COMMUNICATION
	3As: APPRECIATING AGRICULTURE THROUGH ARTS	03/21/2024	03/21/2024			VISAYAS STATE UNIVERSITY - PHILIPPINE ROOT CROPS
(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)	
	RADIO BROADCASTING		N/A		N/A	
	JOURNALISM					
	COMMUNICATION SKILLS					
	INTERNET AND COMPUTER LITERACY					
	READING AND WRITING					
(Continue on separate sheet if necessary)						

SIGNATURE

J. S.

DATE

NOVEMBER 11, 2024

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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: _____ Status of Case/s: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____												
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
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. CHRISTINA A. GABRILLO</td><td>BAYBAY CITY, LEYTE</td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>		NAME	ADDRESS	TEL. NO.	DR. CHRISTINA A. GABRILLO	BAYBAY CITY, LEYTE							
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DR. CHRISTINA A. GABRILLO	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.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PHILIPPINE IDENTIFICATION CARD</td></tr><tr><td>ID/License/Passport No.: 2792-5847-1280-5703</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: PHILIPPINE IDENTIFICATION CARD	ID/License/Passport No.: 2792-5847-1280-5703	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr></table>		Signature (Sign inside the box)							
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PHOTO													
													

Date/Place of Issuance: **APRIL 26, 2023**

NOVEMBER 11, 2024

Date Accomplished

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

Person Administering Oath