

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	OCAÑADA		
FIRST NAME	ANA LEA		NAME EXTENSION (JR., SR)
MIDDLE NAME	ORAÑO		
3. DATE OF BIRTH (mm/dd/yyyy)	3/16/1993	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" 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.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	Sitio Caabing House/Block/Lot No. Street Pomponan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
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:	18. PERMANENT ADDRESS	Sitio Caabing House/Block/Lot No. Street Pomponan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.25	ZIP CODE	6521
8. WEIGHT (kg)	48	19. TELEPHONE NO.	
9. BLOOD TYPE	B+	20. MOBILE NO.	9651338384
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	analea100315@gmail.com
11. PAG-IBIG ID NO.	121104024466		
12. PHILHEALTH NO.	13-025152515-4		
13. SSS NO.	06-3408571-8		
14. TIN NO.	315-604-987		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	OCAÑADA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JEMUEL	NAME EXTENSION (JR., SR)	JUVANN ANTHON O. OCAÑADA	5/11/2020
MIDDLE NAME	ABELLANA		JUHANN ANTHON O. OCAÑADA	5/11/2020
OCCUPATION	GOVERNMENT EMPLOYEE			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	BRGY. PANGASUGAN, BAYBAY CITY, LEYTE 6521			
TELEPHONE NO.	9751542160			
24. FATHER'S SURNAME	ORAÑO			
FIRST NAME	BERNARDINO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GUCELA			
25. MOTHER'S MAIDEN NAME				
SURNAME	GARCIANO			
FIRST NAME	AUCIPAS			
MIDDLE NAME	BURLA			

(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	POMPONAN ELEMENTARY SCHOOL	ELEMENTARY	1999	2005		2005	ACADEMIC HONORS
SECONDARY	POMPONAN NATIONAL HIGH SCHOOL	SECONDARY	2005	2009		2009	ACADEMIC HONORS
VOCATIONAL /	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	2009	2013		2013	CONGRESSIONAL SCHOLAR
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 14, 2022
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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)							
SIGNATURE				DATE	10/14/2022		

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			
Summer Youth Catechist - Brgy. Pomponan Baybay City, Leyte	5/1/2009	5/31/2009	93.0	Youth Catechist	
(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			
Jewelry Appraising and Fake Detection Workshop	8/13/2022	8/13/2022	8.0	TECHNICAL	Palawan Pawnshop Academy Group
Data Privacy Training	2/23/2022	2/23/2022	8.0	TECHNICAL	Palawan Pawnshop Academy Group
Self-Care (Mental Health Awareness)	12/9/2021	12/9/2022	4.0	TECHNICAL	Palawan Pawnshop Academy Group
Occupational Health & Safety	7/16/2021	7/16/2021	4.0	TECHNICAL	Palawan Pawnshop Safety Officer
Incident Management Plan	5/26/2021	5/26/2021	4.0	TECHNICAL	Palawan Pawnshop Safety Officer
Anti-Money Laundering & Combatting the Financing of Terrorism	9/7/2020	9/7/2020	4.0	TECHNICAL	Palawan Pawnshop Academy Group
Branch Manager Training	9/19/2019	9/20/2019	16.0	MANAGERIAL	Palawan Pawnshop Academy Group
Briefing on Pawnshop Regulations	3/1/2018	3/1/2018	8.0	TECHNICAL	Bangko Sentral ng Pilipinas - Cebu
Seminar on the Anti-Money Laundering Law	2/28/2018	2/28/2018	8.0	TECHNICAL	Bangko Sentral ng Pilipinas - Cebu
Basic Money Changing Seminar	8/11/2016	8/11/2016	4.0	TECHNICAL	Palawan Pawnshop Academy Group
Happy To Serve You Training	8/11/2016	8/11/2016	4.0	TECHNICAL	Palawan Pawnshop Academy Group
(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)		
Dancing	Certificate of Recognition - 2nd placer in Jewelry Appraising and Fake Detection Workshop		Cloth Diaper Advocates in the Philippines		
Reading Books					

(Continue on separate sheet if necessary)		
SIGNATURE		DATE
		10/14/2022

<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details (country):</p> <hr/>
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
AILEEN R. BANDALAN	Brgy. San Isidro, Baybay City, Leyte	09757770416
EDNA B. RAMIREZ	Brgy. Pomponan, Baybay City, Leyte	09606638764
NIÑO FLORENTINO	Plaridel	09305725912

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.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of

Government Issued ID: **UMID**

ID/License/Passport No.: **0111-7870320-9**

Date/Place of Issuance: **10/24/2018 MAASIN CITY, SO. LEYTE**

Signature (Sign inside the box)

10/14/2022

Date/Place of Issuance: 10/21/2019 MAASIN CITY, SO. LETTE

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