

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	Amora		
FIRST NAME	Isabelle Mae	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Jadraque		
3. DATE OF BIRTH (mm/dd/yyyy)	16/05/1993	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Isabel, Leyte	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
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	Alipasa House/Block/Lot No. Street Mahayag Subdivision/Village Barangay Isabel Leyte City/Municipality Province
7. HEIGHT (m)	1.53	ZIP CODE	6539
8. WEIGHT (kg)	58		
9. BLOOD TYPE	"A"	18. PERMANENT ADDRESS	Alipasa House/Block/Lot No. Street Mahayag Subdivision/Village Barangay Isabel Leyte City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6539
11. PAG-IBIG ID NO.	1211-2877-9102		
12. PHILHEALTH NO.	12-051372953-2		
13. SSS NO.	06-3595521-6	19. TELEPHONE NO.	
14. TIN NO.	319-084-410-000	20. MOBILE NO.	+63905 471 6505
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	amora.sabmae@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	Amora			
FIRST NAME	Teofilo			
MIDDLE NAME	Balladares			
25. MOTHER'S MAIDEN NAME				
SURNAME	Jadraque			
FIRST NAME	Nelia			
MIDDLE NAME	Fandiño		(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	Doane Baptist School	Elementary	2000	2006		2006	Valedictoria n
SECONDARY	Doane Baptist School	High School	2006	2010		2010	Valedictor ian
VOCATIONAL / TRADE COURSE							
COLLEGE	Visayas State University	Bachelor of Science in Development Communication	2010	2014		2014	Cum laude
GRADUATE STUDIES	Visayas State University	Master of Science in Development Communication	2017	Present			

(Continue on separate sheet if necessary)

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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		

(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			
	Sharing Experiences on the Gains of Piloting Effective Models of ISARD	21/06/2018	22/06/2018	2 days	Technical	SEARCA
	Forum on Social Capital as Determinant of Civic Engagement: A Cross-Cultural Analysis	27/07/2018	27/07/2018	1 day	Technical	VSU-ISRDS
	AAACU Biennial Conference and General Assembly	10/15/2018	10/19/2018	4 days	Technical	VSU
	Case Studies Presentation cum writeshop on the Gains, Challenges and Opportunities in Piloting Effective Models of ISARD	16/07/2019	18/07/2019	3 days	Technical	SEARCA, VSU
	Pinoy Media Congress Year 12	05/03/2018	06/03/2018	2 days	Technical	PACE
	Pinoy Media Congress Year 13	07/02/2019	08/02/2019	2 days	Technical	PACE
	28th Annual Philippine Biodiversity Symposium	13/08/2019	16/08/2019	4 days	Technical	VSU, BSCP
	SEARCA Regional Professional Chair Lecture on Towards Building Resilience:Insights from the Use of Climate	04/01/2019	04/01/2019	1 day	Technical	CCE, VSU
	SUC-ACAP Conference and General Assembly	05/22/2019	05/24/2019	3 days	Technical	VSU
	2018 Food Value Chain Seminar	11/09/2018	14/09/2018	4 days	Technical	VSU, ASEAN, MAFF

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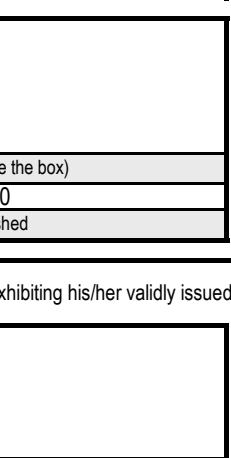
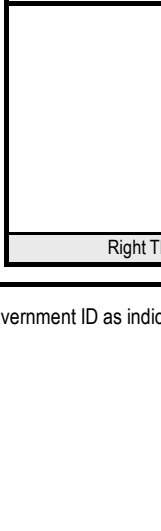

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Literary writing		N/A		
	Video editing		N/A		
	Graphic skills		N/A		
	Script writing		N/A		
	Event production		N/A		

(Continue on separate sheet if necessary)

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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, a. within the third degree? 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: _____</div>														
35. a. Have you ever been found guilty of any administrative offense? 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: _____</div>														
		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ 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: _____</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>														
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>														
		<div><input type="checkbox"/> YES <input checked="" 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): _____</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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</div>														
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)																
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. CHRISTINA A. GABRILLO</td><td>Visca, Baybay City, Leyte</td><td>9064966198</td></tr><tr><td>DR. WOLFREDA ALESNA</td><td>Visca, Baybay City, Leyte</td><td>9155087543</td></tr><tr><td>MR. ULDERICO B. ALVIOLA</td><td>Visca, Baybay City, Leyte</td><td>9778512000</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. CHRISTINA A. GABRILLO	Visca, Baybay City, Leyte	9064966198	DR. WOLFREDA ALESNA	Visca, Baybay City, Leyte	9155087543	MR. ULDERICO B. ALVIOLA	Visca, Baybay City, Leyte	9778512000	<div></div> <div></div>		
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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 colspan="2">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:</td><td>TIN 319-084-410-000</td></tr><tr><td>ID/License/Passport No.:</td><td>ID</td></tr><tr><td>Date/Place of Issuance:</td><td>Baybay City, Leyte</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:	TIN 319-084-410-000	ID/License/Passport No.:	ID	Date/Place of Issuance:	Baybay City, Leyte	<table><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2">09/16/2020</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table>	Signature (Sign inside the box)		09/16/2020		Date Accomplished		
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.																
<div></div> <div>Person Administering Oath</div>																

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