

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	SUPERADA		
FIRST NAME	HEIDI GRACE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	MACAPOS		
3. DATE OF BIRTH (mm/dd/yyyy)	06/22/1995	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	TACLOBAN CITY	If holder of dual citizenship, please indicate the details.	
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	House/Block/Lot No. Street LINGAYON Subdivision/Village Barangay ALANGALANG LEYTE City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	6517
8. WEIGHT (kg)	80		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street LINGAYON Subdivision/Village Barangay ALANGALANG LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6517
11. PAG-IBIG ID NO.	1211-5135-9655		
12. PHILHEALTH NO.	01-052069876-6		
13. SSS NO.	06-3721982-4	19. TELEPHONE NO.	N/A
14. TIN NO.	472-989-654	20. MOBILE NO.	0966 709 1795
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	hmsuperada@up.edu.ph

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	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	SUPERADA		N/A	N/A
FIRST NAME	GONZALO	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	BALASANOS		N/A	N/A
25. MOTHER'S MAIDEN NAME	N/A		N/A	N/A
SURNAME	MACAPOS		N/A	N/A
FIRST NAME	MARITES		N/A	N/A
MIDDLE NAME	AGOSTO		(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/UNIT'S EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	ALANGALANG I CENTRAL SCHOOL	ELEMENTARY	2001	2007	GRADUATE	2007	HONORABLE MENTION
SECONDARY	ALANGALANG NATIONAL HIGH SCHOOL	SECONDARY	2007	2011	GRADUATE	2011	ACADEMIC EXCELLENCE IN SCIENCE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF THE PHILIPPINES VISAYAS TACLOBAN COLLEGE	BS IN BIOLOGY	2011	2016	GRADUATE	2016	N/A
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES OPEN UNIVERSITY	PROFESSIONAL TEACHING CERTIFICATION	2021	2023	CERTIFICATE EARNER	2023	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/10/2023
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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 / CONFERMEN T	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)		
					NUMBER	Date of Validity	
	CAREER SERVICE PROFESSIONAL	86.1	05/02/2015	TACLOBAN CITY	N/A	N/A	
	REGISTERED CHEMICAL TECHNICIAN	PASSED	10 2019	MANILA	0004983	06/22/2026	
(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.							
28.	INCLUSIVE DATES (mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY / JOB PAY GRADE (if applicable)/ STEP (Format "xx-xy") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
	From To						
	08/08/2017 12 19 2020	SR. ANALYTICAL DEVELOPMENT ANALYST	LLOYD LABORATORIES, INC.	19000.00	N/A	REGULAR	N
	01/10/2022 PRESENT	RESEARCH ASSOCIATE	ASIA PACIFIC MANAGEMENT AND RESEARCH GROUP, INC.	20000.00	N/A	CONTRACTUAL	N
(Continue on separate sheet if necessary)							
SIGNATURE				DATE	12/20/2023		

(Continue on separate sheet if necessary)

SIGNATURE

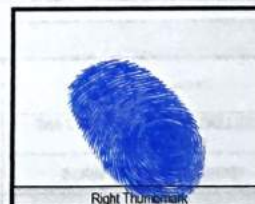
DATE _____

12/20/2023

<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>RESIGNATION DUE TO HEALTH REASONS</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>DR. MARILYN V. GO</td> <td>MANILA</td> <td>0908 8737 308</td> </tr> <tr> <td>RYNZEL D. OGANA, RChT</td> <td>PANGASINAN</td> <td>0916 298 1448</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. MARILYN V. GO	MANILA	0908 8737 308	RYNZEL D. OGANA, RChT	PANGASINAN	0916 298 1448
NAME	ADDRESS	TEL. NO.								
DR. MARILYN V. GO	MANILA	0908 8737 308								
RYNZEL D. OGANA, RChT	PANGASINAN	0916 298 1448								
<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>										
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: <u>PASSPORT</u></p> <p>ID/License/Passport No.: <u>P3997312B</u></p> <p>Date/Place of Issuance: <u>DEC 20, 2019/ MALOLOS</u></p>	<p>Signature (Sign inside the box)</p> <p><u>12/20/2023</u></p> <p>Date Accomplished</p>									
<p>SUBSCRIBED AND SWORN to before me this <u>21/12/23</u> affiant exhibiting a validly issued government ID as indicated above.</p> <div style="text-align: center;"> <p>ATTY. JUDE LUISA V. TORA</p> <p>NOTARY PUBLIC</p> <p>FOR TACLOBAN CITY AND PROVINCE OF LEYTE</p> <p>Notarial Commission No. 2023-09-194 Until 12-31-2024</p> <p>Regional Administrative Office - Cebu</p> <p>IRP No. 330543 05/05/2023 Leyte</p> </div>										



SUPERADA, HEIDI GRACE M.



Right Thumbprint

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: January 10, 2022 – Present
- Position: Research Associate
- Name of Office/Unit: Asia Pacific Management and Research Group, Inc.
- Immediate Supervisor: Dr. Agnes J. Pacho
- Name of Agency/Organization and Location: Asia Pacific Management and Research Group, Inc., Bulacan

- List of Accomplishments and Contributions (if any)
None applicable.

- Summary of Actual Duties

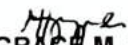
- Preparation of documentation requirements for the engagements of the organization.
- Assist in the preparation and development of training materials for the conduct of online and face-to-face trainings.
- Assist in the preparation and conduct of focus group discussions as well as online and face-to-face trainings and preparation of the documentation thereof.
- Coordinate and maintain communication with governmental and non-governmental partners for the engagements of the organization.
- Conduct data collection as well as monitoring and evaluation activities using provided tools for the engagements of the organization.

- Duration: August 8, 2017 – February 19, 2020
- Position: Sr. Analytical Development Analyst
- Name of Office/Unit: Applied Research and Technical Services – Analytical Development
- Immediate Supervisor: Mukesh Nernia
- Name of Agency/Organization and Location: Lloyd Laboratories, Inc.

- List of Accomplishments and Contributions (if any)
None applicable.

- Summary of Actual Duties

- Development of in-house methods and conduct of analysis for new products.
- Review documents and reports.
- Conduct peer training activities.


HEIDI GRACE M. SUPERADA
(Signature over Printed Name
of Employee/Applicant)

Date: DECEMBER 20, 2023