

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	PATONONA			
FIRST NAME	REX	NAME EXTENSION (JR., SR) JR		
MIDDLE NAME	MARANGUIT			
3. DATE OF BIRTH (mm/dd/yyyy)	05/08/1981	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.		
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)	5"4 ft.	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province	
8. WEIGHT (kg)	71 kgs.		ZIP CODE 6521	
9. BLOOD TYPE			18. PERMANENT ADDRESS	House/Block/Lot No. Street PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.				ZIP CODE 6521
11. PAG-IBIG ID NO.	1212-0504-2687			
12. PHILHEALTH NO.	1302-5276-3210			
13. SSS NO.	N/A	19. TELEPHONE NO.		
14. TIN NO.	943-262-609	20. MOBILE NO.		
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR., SR)		
MIDDLE NAME	NA			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	PATONONA			
FIRST NAME	CONSTANCIO			
MIDDLE NAME	RALLOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	MARANGUIT			
FIRST NAME	VERONICA			
MIDDLE NAME	ESPINOSA	(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	PANGASUGAN ELEMENTARY SCHOOL	PRIMARY LEVEL			GRADUATED	1994	N/A
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	SECONDARY LEVEL			GRADUATED		
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	N/A			N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A			N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 13, 2023
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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			
	ISO 9001:2015 AWARENESS/ RE AWARENESS SEMINAR	8/30/2022	8/30/2022	4 hrs		EDGARDO E. TULIN
	KALALAKIHANG TAPAT SA RESPONSABILIDAD AT OBLIGASYON SA PAMILYA (KATROPA)	6/14/2022	6/14/2022	4 hrs		MARIBETH A. MANAGBANAG
	NATIONAL CERTIFICATE II IN ORGANIC AGRICULTURE PRODUCTION (NC II)	15/06/2021	07/23/2021	272 hrs		TESDA/ Philippine TVET
	GENDER SENSITIVITY TRAINING FOR ADMINISTRATIVE AND SUPPORT STAFF	11/09/2018	11/09/2018	4 hrs		MARIA AURORA TERESITA W. TABADA
	RFID LIBRARY SYSTEMS START-UP TRAINING	05/18/2018	18/05/2018	4hrs		GENESIS ESPIRITU
	GENDER AND DEVELOPMENT REORIENTATION FOR FRONTLINERS	09/16/2016	16/09/2016	4 hrs		MARIA AURORA TERESITA W. TABADA
(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)	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		June 13, 2023

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</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)			
NAME		ADDRESS	
SHEIRA MAY T. CAMACHO		VSU, BAYBAY CITY, LEYTE	
GERALDINE T. BARO		VSU, BAYBAY CITY, LEYTE	
		9324159573	
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.			
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: V00892</div> <div>ID/License/Passport No.:</div> <div>Date/Place of Issuance:</div>		<div></div> <div>Signature (Sign inside the box)</div> <div>Date Accomplished</div>	
		<div></div> <div>Right Thumbmark</div>	
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>			



PHOTO



Right Thumbmark