

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 if accomplished through own handwriting. Tick appropriate boxes ☐) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

I. PERSONAL INFORMATION

1. SURNAME	SALIGO		
2. FIRST NAME	RACHEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	DAMALERIO		
3. DATE OF BIRTH (dd/mm/yyyy)	09/04/2002	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	NORZAGARAY, BULACAN	If holder of dual citizenship, please indicate the details.	Philippines ▼
5. SEX AT BIRTH	<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:		
7. HEIGHT (m)	161	17. RESIDENTIAL ADDRESS	N/A PUROK CENTRAL House/Block/Lot No. Street N/A LIBHU Subdivision/Village Barangay MAASIN CITY SOUTHERN LEYTE City/Municipality Province
8. WEIGHT (kg)	47	ZIP CODE	
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	N/A PUROK CENTRAL House/Block/Lot No. Street N/A LIBHU Subdivision/Village Barangay MAASIN CITY SOUTHERN LEYTE City/Municipality Province
10. UMID ID NO.	N/A	ZIP CODE	6600
11. PAG-IBIG ID NO.	N/A	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	13-025667272-4	20. MOBILE NO.	09508613181 / 09910592251
13. PhilSys Number (PSN):	9508-6035-1407	21. E-MAIL ADDRESS (if any)	rachelsaligo18@gmail.com
14. TIN NO.	609-366-347-00000		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	SALIGO			17/08/1977
FIRST NAME	RONALDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	COSTILLAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	DAMALERIO			03/01/1975
FIRST NAME	JOCELYN			
MIDDLE NAME	SANCHEZ		(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	BACLARAN ELEMENTARY SCHOOL CENTRAL	N/A	06/03/2010	04/03/2016	N/A	2015	THIRD HONOR
SECONDARY	SAINT JOSEPH COLLEGE - MAASIN CITY	N/A	04/07/2016	02/07/2021	N/A	2021	WITH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF ARTS IN ENGLISH LANGUAGE STUDIES	06/08/2021	06/24/2025	N/A	2025	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	AUGUST 28, 2025
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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 (dd/mm/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	LIBHU YOUTH COORDINATING COUNCIL	06/21/2023	PRESENT		MEMBER	
	4H CLUB LIBHU CHAPTER	07/14/2023	PRESENT		MEMBER	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (dd/mm/yyyy)		NUMBER OF HOURS	Type of L&D (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	SANGGUNIANG KABATAAN MANDATORY TRAINING	11/10/2023	11/13/2023	32.0	MANAGERIAL	SANGGUNIANG KABATAAN OFFICIATING OFFICIALS - MAASIN CITY
	HANDBOOK ON THE FINANCIAL TRANSACTIONS OF THE SANGGUNIANG KABATAAN	07/15/2024	07/18/2024	28.0	TECHNICAL	COMMISSION ON AUDIT
	1ST MT. PANGASUGAN WRITERS CLINIC	05/24/2023	05/31/2023	21.0	TECHNICAL	BAYBAY WRITERS COLLECTIVE
	ENGLISH LANGUAGE WORKSHOP	10/16/2024	10/16/2024	5.0	TECHNICAL	DALL DEPARTMENT
	BASIC FIRST AID AND LIFE SUPPORT TRAINING	08/26/2025	08/26/2025	4.0	TECHNICAL	CDRRMO & SK LIBHU
	DISASTER PREPAREDNESS TRAINING SEMINAR	08/26/2025	08/26/2025	4.0	TECHNICAL	CDRRMO & SK LIBHU
	DISASTER RISK REDUCTION YOUTH AMBASSADOR PROGRAM ORIENTATION	01/23/2023	01/23/2023	5.0	MANAGERIAL	USAID & MAPA KALAMIDAD PH
(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)	
	WRITING	FEATURE WRITER			N/A	
	READING	N/A			N/A	
	HOSTING	N/A			N/A	
	VIDEO EDITING	N/A			N/A	
	PLAYING GUITAR	N/A			N/A	
	COOKING	N/A			N/A	
(Continue on separate sheet if necessary)						
SIGNATURE					DATE	AUGUST 28, 2025

<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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <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>	<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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), 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: 35%;">NAME</th> <th style="width: 35%;">OFFICE / RESIDENTIAL ADDRESS</th> <th style="width: 30%;">CONTACT NO. AND/OR EMAIL</th> </tr> </thead> <tbody> <tr> <td>JIMEL G. GARCIA</td> <td>MAYORS OFFICE, MAASIN CITY SO. LEYTE</td> <td>9123073180</td> </tr> <tr> <td>SEREGENA RUTH L. MARTINEZ</td> <td>PROFESSOR, VISCA, BAYBAY CITY LEYTE</td> <td>seregenaruthmartinez@gmail.com</td> </tr> <tr> <td>FRITZEL B. DORIAS</td> <td>SK CHAIRPERSON, LIBHU MAASIN CITY</td> <td>9380635846</td> </tr> </tbody> </table>		NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL	JIMEL G. GARCIA	MAYORS OFFICE, MAASIN CITY SO. LEYTE	9123073180	SEREGENA RUTH L. MARTINEZ	PROFESSOR, VISCA, BAYBAY CITY LEYTE	seregenaruthmartinez@gmail.com	FRITZEL B. DORIAS	SK CHAIRPERSON, LIBHU MAASIN CITY	9380635846	
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<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>														
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto;"></div> <div style="border: 1px solid black; width: 300px; height: 20px; margin: 10px auto; text-align: center;"> Person Administering Oath </div>														