

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	LOURON		
FIRST NAME	RODEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ANGURING		
3. DATE OF BIRTH (mm/dd/yyyy)	2/28/1990	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	HINUNANGAN, SOUTHERN 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.67	17. RESIDENTIAL ADDRESS	PUROK MANGGA
8. WEIGHT (kg)	63		House/Block/Lot No. Street
9. BLOOD TYPE	O+		PONDOL
10. GSIS ID NO.	N/A		Subdivision/Village Barangay
11. PAG-IBIG ID NO.	121097299480		HINUNANGAN SOUTHERN LEYTE
12. PHILHEALTH NO.	020510212976	City/Municipality Province	6608
13. SSS NO.	34-4051244-3	18. PERMANENT ADDRESS	PUROK MANGGA
14. TIN NO.	315-534-654		House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	N/A		PONDOL
			Subdivision/Village Barangay
			HINUNANGAN SOUTHERN LEYTE
		City/Municipality Province	6608
19. TELEPHONE NO.			N/A
20. MOBILE NO.			09125452217
21. E-MAIL ADDRESS (if any)			rlouron@southernleytestateu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MATARONG		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ERICA	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	BAUTISTA			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	9510344777			
24. FATHER'S SURNAME	LAURON			
FIRST NAME	GUALBERTO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MENDEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	ANGURING			
FIRST NAME	ROSALISA			
MIDDLE NAME	DULFO		(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	PONDOL ELEMENTARY SCHOOL	ELEMENTARY	6/17/1995	3/30/2001		2001	SALUTATORIAN
SECONDARY	CANIPAAN NATIONAL HIGH SCHOOL	SECONDARY	6/23/2001	3/27/2005		2005	SALUTATORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	UP VISAYAS TACLOBAN COLLEGE	AB SOCIAL SCIENCES MAJOR IN ECONOMICS	6/1/2009	5/31/2013		2013	COLLEGE SCHOLAR
GRADUATE STUDIES	VISAYAS STATE UNIVERISTY-MAIN CAMPUS	MS AGRICULTURAL ECONOMICS	8/14/2023		1ST YEAR		DEAN'S LISTER
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		June 24, 2024		

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 / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)		
						NUMBER	Date of Validity	
CAREER SERVICE PROFESSIONAL ELIGIBILITY			82.8%	14/04/2013	TACLOBAN CITY			
DRIVER'S LICENSE					SAN JUAN	N01-18-006360	2/29/2032	
(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 "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
	From	To						
	2/20/2024	5/26/2024	ENUMERATOR	VSU-CET/ISRDS			COS	Y
	2/1/2024	5/10/2024	ENUMERATOR	VSU-ViFARD/DOE			COS	N
	4/30/2021	5/31/2023	VISITING INSTRUCTOR	SLSU-HINUNANGAN CAMPUS			COS	Y
	9/15/2018	12/13/2019	CUSTOMER ADVISER	SITEL INC			REGULAR	N
	4/7/2015	6/13/2018	BOOKMAKER	YEW TREE SERVICES INC			REGULAR	N
	9/2/2013	3/15/2015	DATA PROCESSING REPRESENTATIVE	ACCENTURE INC			REGULAR	N
(Continue on separate sheet if necessary)								
SIGNATURE					DATE	June 24, 2024		

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		
	ADVENTIST RESPONSE TEAM-ADVENTIST COMMUNITY SERVICES	5/5/2021	PRESENT	50	VOLUNTEER MEMBER
	ADVENTIST COMMUNITY SERVICES	3/29/2013	PRESENT	300	VOLUNTEER MEMBER

(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			
	FINANCIAL MANAGEMENT SEMINAR-WORKSHOP	4/31/2024	4/31/2024	1		AGEX 216
	RAPID EMERGENCY TELECOMMUNICATION TEAM (RETT) TRAINING	4/23/2024	4/25/2024	24	TECHNICAL	DICT-RETT/LGU-HINUNANGAN
	SIMPLE STATISTICAL ANALYSIS AND DATA PRESENTATION IN RESEARCH STUDY	11/17/2021	11/18/2021	16	ACADEMIC	SLSU-HINUNANGAN CAMPUS
	SEMINAR-WORKSHOP ON CRAFTING EXTENSION'S PPA'S BASE ON HARMONIZED GENDER AND DEVELOPMENT GUIDELINES	11/3/2021	11/4/2021	16	ACADEMIC	SLSU-HINUNANGAN CAMPUS
	TRAINING WORKSHOP ON WRITING RESEARCH PAPERS FOR PEER-REVIEWED PUBLICATIONS	8/25/2021	8/27/2021	36	ACADEMIC	SLSU-HINUNANGAN CAMPUS
	SLSU-WIDE GUIDANCE FACILITATOR'S TRAINING	5/25/2021	5/25/2021	4	ACADEMIC	SLSU-HINUNANGAN CAMPUS
	RAINBOW LIFE ADVENTURE PROGRAM	7/4/2017	7/4/2017	8	SUPERVISORY	ANCILLA ENTERPRISE DEVELOPMENT CONSULTING
	ECONOMICS PAPER PRESENTATION	3/23/2013	3/23/2013	8	ACADEMIC	UPVTC / UP ECONOMICS SOCIETY

(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)
	PLAYING CHESS		INTERMEDIATE		CHESS.ORG
	VOLUNTEERING				ART-ACS
	MOTORCYCLE RIDING				


(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 24, 2024
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: _____ Status of Case/s: _____	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>FINISHED CONTRACT</u>	
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____	
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
MERYL V. CAPAPAS	HINUNANGAN SOUTHERN LEYTE	9762915855
LEMUEL PERCIADOS	BAYBAY CITY, LEYTE	9620808975
JACINTO BACLAYON JR	HINUNDAYAN, SOUTHERN LEYTE	9631866692
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.		

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>
Government Issued ID: PASSPORT
ID/License/Passport No.: P0468038B
Date/Place of Issuance: 01/30/2019 DFA NCR EAST

<div style="text-align: center;"> Signature (Sign inside the box) June 24, 2024 Date Accomplished </div>



PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath