Revised 2017	PERSON	NAL DAT	A SH	HEE	Т			
WARNING Anymisrepresen the person concerned.	tation made in the Personal Data Sheet	and the Work Experience	e Sheet sha	li cause th	e filing of a	administrative/	criminal cas	se/s agains
READTHE ATTACHED GUIDE	TOFILLINGOUT THE PERSONAL DATASH	HEET (PDS) BEFORE ACC	OMPLISHING	THEPOSF	ORM			
I. PERSONAL INFOR	De boxes () and use separate sheet	if necessary. Indicate I	N/A if not ap	oplicable.	n.csidn	(Do not	fill up. For C	SC use only,
2. SURNAME	FLANDEZ							
FIRST NAME	SHERWIN	-	_			NAMEEXTENSIO	N (JR, SF)	
MIDDLE NAME	SUBAYNO		-	-			-	-
3. DATE OF BIRTH		16. CITIZENSHIP						
(mm/dd/yyyy)	9/21/1997	16. GTIZENSHIP						
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citi				Pls. indicate country:		
5. SEX		please indicate the	details.					
6 CIVIL STATUS		17. RESIDENTIAL ADDRE				JOSE AB		TOS ST
			House	e/Block/Lo	t No.		Street ZONE 8	
7. HEIGHT (m)	1.70	İ		division/Villa BAY C			Barangay LEYTE	
		710.0005		/Municina	litv		Province	
8. WEIGHT (kg)	56	ZIP CODE 18. PERMANENT ADDRE				JOSE AB	AD CAN	TO ST
9. BLOOD TYPE	В	10.1 ENWAYENT ABONE	House/Block/Lot No.				Street	10331
1 0. GSIS ID NO.	N/A		Subdivision/Village				ZONE 8 Barangay	
11. PAGIBIGIDNO.	121230273993			BAYB. /Municipa	AY CIT	Υ	Province	
2. PHILHEALTH NO.	1302-5508-8271	ZIP CODE		6521				
3. SSS NO.	06-4155767-9	4155767-9 19. TELEPHONE NO.			N/A			
14. TIN NO.	349-792-767	9-792-767 20. MOBILE NO. 092			0926	64711367		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if a		sherwi	nflande	<u>z1997@gn</u>	nail.com	
II. FAMILY BACKGR	OLIVID							
II. PANILI DAUNGR	UUND							
22 SPOUSE'S SURNAME	N/A		23. NAME of list all)	of CHILDRE	N (Write f	ull name and		RTH (mm/do
	i -	NAME EXTENSION (JR, SF)	23. NAME of list all)		N (Write f	ull name and		
22 SPOUSE'S SURNAME	N/A	NAMEEXTENSION (.P., SF)	23. NAME of list all)			ull name and		
22 SPOUSE'S SURNAME FIRST NAME	N/A N/A	NAMEEXTENSION (JR, SP)	23. NAME of list all)			ull name and		
22 SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	N/A N/A N/A	NAMEEXTENSION (.R, 99)	23. NAME of list all)			ull name and		
22 SPOUSE'S SURNAME FIRST NAME MIDDLE NAME COCUPATION	N/A N/A N/A N/A	NAMEDITINSION (.R. 93)	23. NAME of list all)			ull name and		
22 SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NA	N/A N/A N/A N/A N/A	NAMEEXTENSION (.R. SP)	23. NAME of list all)			ull name and		
22 SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NA BUSINESS ADDRESS	N/A N/A N/A N/A N/A N/A N/A	NAME EXTENSION (.R. 99)	23. NAME of list all)			ull name and		RTH (mm/dc
22 SPOUSE'S SURNAME FIRST NAME MIDDLE NAME COCUPATION EMPLOYER/BUSINESS NA BUSINESS ADDRESS TELEPHONE NO.	N/A N/A N/A N/A N/A N/A N/A N/A	NAME EXTENSION (.R. 93)	23. NAME of list all)			ull name and		
22 SPOUSES SURNAME FIRST NAME MODULE NAME COCUPATION EMPLOYER/BUSINESS NA BUSINESS ADDRESS TELEPHONE NO. 24/ATHER'S SURNAME	N/A N/A N/A N/A N/A N/A N/A N/A N/A RIANDEZ		23. NAME of list all)			full name and		
22 SPOUSES SURNAME FIRST NAME MODULE NAME COCUPATION EMPLOYER/BUSINESS N/ BUSINESS ADDRESS TELEPHONE NO. 24 ATHER'S SURNAME FIRST NAME	N/A N/A N/A N/A N/A N/A N/A N/A N/A TANDEZ TOBIAS MONCADA		23. NAME of list all)			full name and		
22 SPOUSES SURNAME FIRST NAME MODULE NAME COCUPATION EMPLOYER/BUSINESS N/ BUSINESS ADDRESS TELEPHONE NO. 24 ATHERS SURNAME FIRST NAME MODULE NAME	N/A N/A N/A N/A N/A N/A N/A N/A N/A TANDEZ TOBIAS MONCADA		23. NAME of list all)			ull name and		
22 SPOUSE'S SURNAME FIRST NAME MODLE NAME COCUPATION EMPLOYER/BUSINESS NA BUSINESS ADDRESS TELEPHONE NO. 24-ATHER'S SURNAME FIRST NAME MODLE NAME 25 MOTHER'S MAIDEN NAME	N/A		23. NAME of list all)			ull name and		
22 SPOUSE'S SURNAME FIRST NAME MODLE NAME COCUPATION EMPLOYER/BUSINESS NU BUSINESS AUDRESS TELEPHONE NO, 24 ATHER'S SURNAME FIRST NAME MODLE NAME 25 MOTHER'S MADEN NAME SURNAME	N/A		23. NAME of list all)		I/A	ull name and	У	
22 SPOUSE'S SURNAME FIRST NAME MODULE NAME COCUPATION EMPLOYER/BUSINESS N/ BUSINESS ADDRESS TELEPHONE NO. 24-'ATHER'S SURNAME FIRST NAME MODULE NAME LS MOTHER'S MADEN NAME SURNAME FIRST NAME MODULE NAME	N/A		23. NAME of list all)		I/A		У	
22 SPOUSE'S SURNAME FIRST NAME MODULE NAME COCUPATION EMPLOYER/BUSINESS N/ BUSINESS ADDRESS TELEPHONE NO. 24-'ATHER'S SURNAME FIRST NAME MODULE NAME LS MOTHER'S MADEN NAME SURNAME FIRST NAME MODULE NAME	N/A		list all)	(Continue Percantes)	te on sepsition of		У	
22 SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NA BUSINESS ADDRESS TELEPHONE NO 24.ATHER'S SURNAME FIRST NAME MIDDLE NAME 22 MOTHER'S MADEN NAME SURNAME FIRST NAME FIRST NAME MIDDLE NAME AT EDUCATION NAL 26	N/A N/A N/A N/A N/A N/A N/A N/A	NAMEEXTENSION (IR. 93) BASIC EDUCATION / DEGE	list all)	(Continue) PERCENTED ATEN	I/A I/A I/O OF	arate sheet if r HiGHEST LEVEL/ UNITS FARED (If not graduate)	y Hecessary)	SCHOLARSHIP CACADSHIP
22 SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NJ BUSINESS ADDRESS TELEPHONE NO. 24.ATHER'S SURNAME FIRST NAME MIDDLE NAME 22 MOTHER'S MADEN NAME SURNAME FIRST NAME MIDDLE NAME 24 MOTHER'S MADEN NAME SURNAME FIRST NAME MIDDLE NAME LEVEL	N/A N/A N/A N/A N/A N/A N/A N/A	NAME EXTENSION (.R. 59) BASIC EDUCATION/DEGS (Write in full)	list all)	(Continue Person	te on septe to of september of the septe	arate sheet if r HIGHEST LEVEL, UNITS FAIRED (If not graduated)	y YEAR SPADUATED	SCHOLARSHIP CACADSHIP
22 SPOUSE'S SURNAME FIRST NAME MIDDLE NAME COCUPATION EMPLOYER/BUSINESS NJ BUSINESS ADDRESS TELEPHONE NO. 24.ATHER'S SURNAME FIRST NAME MIDDLE NAME 25. MOTHER'S MADEN NAME SURNAME FIRST NAME MIDDLE NAME 1) - EDUJOATIO NAL 26. LEVEL	N/A N/A N/A N/A N/A N/A N/A N/A	NAMEEXTENSION (JR. 93) BASIC EDUCATION / DEGS (Write in full)	list all)	(Continue Person	ie on seption of To	arate sheet if r HIGHEST LEVEL, UNITS FAIRED (If not graduated)	y y y y y y y y y y y y y y y y y y y	SCHOLARSHIP CACADSHIP
22 SPOUSES SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NJ BUSINESS ADDRESS TELEPHONE NO. 24.ATHER'S SURNAME FIRST NAME MIDDLE NAME 22 MOTHER'S MADEN NAME SURNAME FIRST NAME MIDDLE NAME 24 MOTHER'S MADEN NAME SURNAME FIRST NAME LEVEL LEVEL ELEMENTARY SECONDARY	N/A N/A N/A N/A N/A N/A N/A N/A	NAMEEXTENSION (JR. 93) BASIC EDUCATION / DEGS (Write in full)	list all)	(Continue Peneral Pene	te on seption of To	arate sheet if r HIGHEST LEVEL, UNITS FAIRED (If not graduated)	y y y y y y y y y y y y y y y y y y y	SCHOLARSHIP CACADSHIP
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22 SPOUSES SURNAME FIRST NAME MODULE NAME COCUPATION EMPLOYER/BUSINESS NA BUSINESS ADDRESS TELEPHONE NO. 24-ATHERIS SURNAME FIRST NAME MODULE NAME 25. MOTHERS MADEN NAME SURNAME FIRST NAME MODULE NAME 26. LEVEL ELEMENTARY SECONDARY VOCATIONAL/ TRADE COURSE COLLEGE	N/A N/A N/A N/A N/A N/A N/A N/A	BASIC EDUCATION/DEGE (Write in full) PRIMARY HIGH SCHOOL	list all)	(Continue Peneral Pene	te on seption of To	arate sheet if r HIGHEST LEVEL, UNITS FAIRED (If not graduated)	YAR PROUNTED 2010	SCHOLARSHIP CACADSHIP

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IV. CIVIL S	ERVICE ELIG	BILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF	ION / CONFE	DMENT	LICENSE (if a	oplicable)	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Appli			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONFE	NUMBER	Date of Validity	
N/A									•
	-								
-	-			-			-		
-	-						-		
							-		
V. WORK E	EXPERIENCE		(Coi	ntinue on separate sheet	if necessary)	-	_	_	
			ent work) Descripti	ion of duties should	d be indicated in the attac	hed Work E	xperience sh	eet.	
28. INCLUSI\	/E DATES (mm/ d/yyyy)	POSITION T		DEPARTMENT / AGE	ENCY / OFFICE / COMPANY	MONTHLY	SALARY/JOB/PAY GRADE (if applicable)&	STATUS OF	GOVT SERVICE
From	То	(Write in full/Do not	t abbreviate)	(Write in full	/Do not abbreviate)	SALARY	STEP (Format "00-0") /INCREMENT	APPOINTMENT	(Y/ N)
7/10/2018	11/30/2018	Field Coord	inator	Taytay Sa Kauswa	gan Incorporated (TSKI), inance.NGO	7500.00	N/A	CONTRACTUAL	N
9/1/2020	10/15/2020	TEAM SUPER	RVISOR		ATISTICS AUTHORITY	N/A	N/A	JOB-ORDER	Υ
			:				1,771		•
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			:						
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			•						
-									
-									
			(Coi	ntinue on separate sheet					
SIGN	ATURE				DATE	10/27/20	020		

VI. V	OLUNTARY WORK OR INVOLVEME	ENT IN CIVIC / NON-GOVER	NMENT/P	EOPLE / VO	LUNTARY O	RGANIZATIC	DN/S
29.	NAME & ADDRESS OF O (Write in ful		INCLUSI (mm/c	VE DATES ld/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A							
-							
-							
VII	LEARNING AND DEVELOPMENT ((Continue) (Continue) (Continue)	ue on separate	sheet if necessa GRAMS AT	any) TENDED		
	TITLE OF LEARNING AND DEVELOPMENT INT (Write in ful	ERVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN	E DATES OF IDANCE Idd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
N/A							
-							
							. ,
							, ,
							, ,
VIII.	OTHER INFORMATION	(Contin	ue on separate	sheet if necessa	ary)		
31.	SPECIAL SKILLS and HOBBIES	32. NON-AC		NCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
F	READING MOTIVATIONAL BOOKS		N//	4			N/A
	DRAWING						
	GOOD INTERPERSONAL SKILLS						
PR	OFICIENT WITH BASIC COMPUTER SOFTWARE PROGRAMS						
	SIGNATURE	(Contin	ue on separate	sheet if necess		ATE	10/27/2020

chief of bureau or office or to the person who has Bureau or Department where you will be apppoint a. within the third degree?						
b. within the fourth degree (for Local Governme	If YES, give details:					
35. a. Have you ever been found guilty of any admin	istrative offense?		:			
	If YES, give details:					
b. Have you been criminally charged before any	If YES, give details: Date Filed: tatus of Case/s:					
36. Have you ever been convicted of any crime or vi ordinance or regulation by any court or tribunal?	If YES, give details:					
37. Have you ever been separated from the service resignation, retirement, dropped from the rolls, term, finished contract or phased out (abolition)	If YES, give deta	If YES, give details:				
a. Have you ever been a candidate in a national last year (except Barangay election)?	If YES, give details:					
b. Have you resigned from the government serv period before the last election to promote/activ	If YES, give details:					
39. Have you acquired the status of an immigrant of country?	If YES, give details (country):					
40. Pursuant to: (a) Indigenous People's Act (RA 83 Disabled Persons (RA 7277); and (c) Solo Paren Are you a member of any indigenous group?		If YES, please spec	ifv:			
^{b.} Are you a person with disability?	^{b.} Are you a person with disability?					
c. Are you a solo parent?		If YES, please specify ID No:				
41. REFERENCES (Person not related by consanguinity or affinity to ap	oplicant /appointee)					
NAME	ADDRESS	TEL NO.	ID picture taken within the last 6 months			
Orpha May Gerona	SOGOD, SOUTHERN LEYTE	N/A	4.5 cm. X 3.5 cm (passport size)			
Lloyd De Paz	BAYBAY CITY, LEYTE	N/A	Computer generated or photocopied picture is not acceptable			
Jumbo Cinco	ALANG-ALANG LEYTE	N/A	io not deceptable			
42. I declare under oath that I have personally acco true, correct and complete statement pursuant regulations of the Republic of the Philippines. I representative to verify/validate the contents s:	to the provisions of pertinent lar authorize the agency head/authorize that agree that a	ws, rules and orized iny	РНОТО			
misrepresentation made in this document and	its attachments shall cause the	filing of				
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID: DRIVERS LICENSE						
ID/License/Passport No. H12-19-003220	Signature (Sign inside the	box)				
Date/Place of Issuance: BAYBAY CTTY, LEYTE		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting	g his/her validly issued go	overnment ID as indicated above.			

Gender Yes/No Cstat Yes Single Male Married Female No Separated

Widowed