

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	MORBOS		
FIRST NAME	LEO		
MIDDLE NAME	MACASO		
3. DATE OF BIRTH (mm/dd/yyyy)	9/12/1983	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	STA. CRUZ JARO, 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:	17. RESIDENTIAL ADDRESS	N/A N/A House/Block/Lot No Street N/A STA. CRUZ Subdivision/Village Barangay JARO LEYTE City/Municipality Province
7. HEIGHT (m)	1.71	ZIP CODE	
8. WEIGHT (kg)	70		
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No Street N/A STA. CRUZ Subdivision/Village Barangay JARO LEYTE City/Municipality Province
10. GSIS ID NO.	02003476094	ZIP CODE	6527
11. PAG-IBIG ID NO.	170000165571		
12. PHILHEALTH NO.	13-0000906574		
13. SSS NO.	3394575785	19. TELEPHONE NO.	NONE
14. TIN NO.	240-457-288	20. MOBILE NO.	09610926624
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	le_bosmor@yahoo.com.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)	NONE	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MORBOS			
FIRST NAME	ALFREDO			
MIDDLE NAME	PEDRERA			
25. MOTHER'S MAIDEN NAME				
SURNAME	MACASO			
FIRST NAME	PACITA			
MIDDLE NAME	OBALAN			

(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	STA. CRUZ ELEMENTARY SCHOOL	PRIMARY EDUCATION	1990	1996	GRADUATED	1996	
SECONDARY	GRANJA KALINAWAN NATIONAL HIGH SCHOOL	HIGH SCHOOL	1996	2000	GRADUATED	2000	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN MATHEMATICS	2000	2004	GRADUATED	2004	
GRADUATE STUDIES	EASTERN VISAYAS STATE UNIVERSITY	MASTER OF ARTS IN INSTRUCTION AND SUPERVISION MAJOR: MATHEMATICS	2009	2012	GRADUATED	2012	
	PHILIPPINES COLLEGE OF HEALTH SCIENCE	DOCTOR OF PHILOSOPHY MAJOR IN MANAGEMENT	2012	2014	GRADUATED	2014	

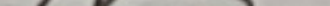
(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 14, 2021
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[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	January 14, 2021
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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		
STA. CRUZ MISSION PASTORAL COUNCIL BRGY. STA. CRUZ, JARO, LEYTE	1/4/2014	1/6/2015	N/A	COMMISSION ON YOUTH CHAIRMAN
STA. CRUZ YOUTH MINISTRY BRGY. STA. CRUZ, JARO, LEYTE	1/4/2013	1/6/2015	N/A	YOUTH COORDINATOR
STA. CRUZ YOUTH MINISTRY BRGY. STA. CRUZ, JARO, LEYTE	1/4/2012	06/01 2013	N/A	YOUTH PRESIDENT
STA. CRUZ YOUTH MINISTRY BRGY. STA. CRUZ, JARO, LEYTE	1/4/2006	1/6/2012	N/A	YOUTH 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			
NATIONAL TRAINING OF TRAINERS FOR GRADE 10 MATHEMATICS	4/13/2015	4/17/2015	40	SUPERVISORY	DEPARTMENT OF EDUCATION REGIONAL VII OFFICE
CAPABILITY BUILDING PROGRAM OF FACILITATION AND PRESENTATION SKILLS FOR GRADE 10 K TO 12 TRAINERS	04/06/2015	04/07/2015	16	TECHNICAL	DEPARTMENT OF EDUCATION REGIONAL VII OFFICE
TRAINING WORKSHOP ON CONTENT, ASSESMENT AND TEST CONTRUCTION MATHEMATICS	10/13/2014	10/15/2014	24	TECHNICAL	DEPARTMENT OF EDUCATION REGIONAL VII OFFICE
THREE-DAY ECHO TRAINING WORKSHOPOF TEACHING PERSONNEL ON THE IMPLEMENTATION OF THE RESULT-BASED PERFORMANCE MATHEMATICS SYSTEM	07/11/2014	07/13/2014	24	TECHNICAL	DEPARTMENT OF EDUCATION REGIONAL VII OFFICE
CLUSTER ECHO-TRAINING WORKSHOP ON QUALITY MANAGEMENT SYSTEM IMPLEMENTATION AT THE SCHOOL	07/26/2013	07/28/2013	24	TECHNICAL	DEPARTMENT OF EDUCATION REGIONAL VII OFFICE
INTERNATIONAL SEMINAR ON INNOVATIVE CLIMATE CHANGE EDUCATION FOR SUSTAINABLE DEVELOPMENT IN THE CONTEX OF K-12 CURRICULUM	04/23/2013	04/25/2013	24	TECHNICAL	DEPARTMENT OF EDUCATION REGIONAL VII OFFICE
'2010 THIRD DEPED-MTAP NATIONAL CONFERENCE ON MATHEMATICS EDUCATION	04/11/2010	04/14/2010	32	TECHNICAL	DEPARTMENT OF EDUCATION REGIONAL OFFICE VIII

(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)
SINGING	N/A	N/A
WRITING ESSAYS		
READING BOOKS AND NEWSPAPERS		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 14, 2021
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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)?
☐ YES ☒ NO
☐ YES ☒ NO
If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense?
☐ YES ☒ NO
If YES, give details: _____
b. Have you been criminally charged before any court?
☐ YES ☒ 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?
☐ YES ☒ 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?
☐ YES ☒ NO
If YES, give details: _____

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?
☐ YES ☒ NO
If YES, give details: _____
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?
☐ YES ☒ NO
If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?
☐ YES ☒ 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?
☐ YES ☒ NO
If YES, please specify: _____
b. Are you a person with disability?
☐ YES ☒ NO
If YES, please specify ID No: _____
c. Are you a solo parent?
☐ YES ☒ NO
If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
SEGUNDA LACABA, PH.D	TACLOBAN CITY	N/A
EVANGELINE CAYANONG, PH.D	ALANG ALANG LEYTE	N/A
KEVIN CORDES, PH,D	CALIFORNIA USA	N/A



PHOTO

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.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC ID

ID/License/Passport No.: 0880890

Date/Place of Issuance: 09/12/2020/TACLOBAN CITY

Signature (Sign inside the box)

01/14/21

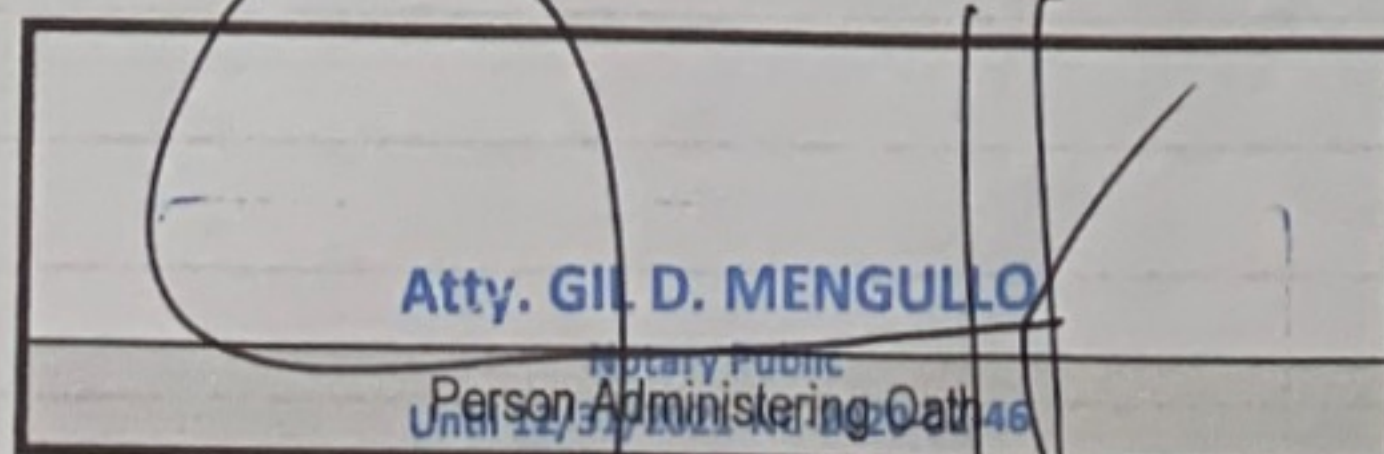
Date Accomplished



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SUBSCRIBED AND SWORN to before me this APR 06 2021, affiant exhibiting his/her validly issued government ID as indicated above.

JOC. NO. 408
PAGE NO. 83
BOOK NO. IV
SERIES OF 2021



Atty. GIL D. MENGULLO

Notary Public
Until 12/31/2021

Roll No. 70764

IBP No. 308865-1/9/20-Leyte

PTR No. 3862981-1/9/20-Palo, Leyte

MCLE Compliance No. VI-0014934

Tanauan, Leyte