

# 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                    | VERRA                                                                                                                                                                                   |                                                             |                                                                                                                                                                                                             |
| FIRST NAME                    | MARY GRACE                                                                                                                                                                              |                                                             | NAME EXTENSION (JR., SR.)<br>N/A                                                                                                                                                                            |
| MIDDLE NAME                   | OSERIN                                                                                                                                                                                  |                                                             |                                                                                                                                                                                                             |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 11/09/1997                                                                                                                                                                              | 16. CITIZENSHIP                                             | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 4. PLACE OF BIRTH             | ABUYOG, LEYTE                                                                                                                                                                           | If holder of dual citizenship, please indicate the details. |                                                                                                                                                                                                             |
| 5. SEX                        | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female                                                                                                                |                                                             |                                                                                                                                                                                                             |
| 6. CIVIL STATUS               | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS                                     | 426 WASHINGTON Street<br>N/A LOYONSAWANG Barangay<br>ABUYOG LEYTE City/Municipality Province<br>6510                                                                                                        |
| 7. HEIGHT (m)                 | 1.55                                                                                                                                                                                    | 18. PERMANENT ADDRESS                                       | 426 WASHINGTON Street<br>N/A LOYONSAWANG Barangay<br>ABUYOG LEYTE City/Municipality Province<br>6510                                                                                                        |
| 8. WEIGHT (kg)                | 52                                                                                                                                                                                      | 19. TELEPHONE NO.                                           | N/A                                                                                                                                                                                                         |
| 9. BLOOD TYPE                 | B+                                                                                                                                                                                      | 20. MOBILE NO.                                              | 0926-447-1570                                                                                                                                                                                               |
| 10. GSIS ID NO.               | N/A                                                                                                                                                                                     | 21. E-MAIL ADDRESS (if any)                                 | graceverra09@gmail.com                                                                                                                                                                                      |
| 11. PAG-IBIG ID NO.           | 1202-5772-9473                                                                                                                                                                          |                                                             |                                                                                                                                                                                                             |
| 12. PHILHEALTH NO.            | 12-025772947-3                                                                                                                                                                          |                                                             |                                                                                                                                                                                                             |
| 13. SSS NO.                   | 06-423085-9                                                                                                                                                                             |                                                             |                                                                                                                                                                                                             |
| 14. TIN NO.                   | 853-21-494-000                                                                                                                                                                          |                                                             |                                                                                                                                                                                                             |
| 15. AGENCY EMPLOYEE NO.       | N/A                                                                                                                                                                                     |                                                             |                                                                                                                                                                                                             |

## 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.)<br>N/A | N/A                                                 | 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     | VERRA     |                                  |                                                     |                            |
| FIRST NAME               | FRANCISCO | NAME EXTENSION (JR., SR.)<br>N/A |                                                     |                            |
| MIDDLE NAME              | LABRADOR  |                                  |                                                     |                            |
| 25. MOTHER'S MAIDEN NAME |           |                                  |                                                     |                            |
| SURNAME                  | OSERIN    |                                  |                                                     |                            |
| FIRST NAME               | WILMA     |                                  |                                                     |                            |
| MIDDLE NAME              | LODOR     |                                  |                                                     |                            |

(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                | BERNARDO V. CLOSA CENTRAL SCHOOL | PRIMARY EDUCATION                             | 2004                 | 2010 | N/A                                            | 2010           | 1st HONORS                            |
| SECONDARY                 | NOTRE DAME OF ABUYOG             | HIGH SCHOOL                                   | 2010                 | 2014 | N/A                                            | 2014           | 2nd HONORABLE MENTION                 |
| VOCATIONAL / TRADE COURSE | N/A                              | N/A                                           | N/A                  | N/A  | N/A                                            | N/A            | N/A                                   |
| COLLEGE                   | VIGAYAS STATE UNIVERSITY         | BACHELOR OF SCIENCE IN CHEMISTRY              | 2014                 | 2018 | N/A                                            | 2018           | 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 | 11/11/2021 |
|-----------|--|------|------------|

[illegible]

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

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

|             |  |            |  |
|-------------|--|------------|--|
| SIGNATURE   |  | DATE       |  |
| [Signature] |  | 11/11/2021 |  |

**SIGNATURE**

DATE \_\_\_\_\_

ॐ

11/11/2022

## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

#### VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

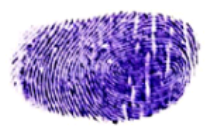
### VIII. OTHER INFORMATION

| 31. SPECIAL SKILLS and HOBBIES | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Award in 5-10) | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Award in 5-10) |
|--------------------------------|----------------------------------------------------------------|---------------------------------------------------------------|
| WRITING PERSONAL BLOGS         | N/A                                                            | INTEGRATED CHEMISTS                                           |
| WORKOUT and YOGA               |                                                                | OF THE PHILIPPINES                                            |
| PAINTING                       |                                                                |                                                               |
| PLAYING GUITAR                 |                                                                |                                                               |
| WATCHING GREY'S ANATOMY        |                                                                |                                                               |
|                                |                                                                |                                                               |
|                                |                                                                |                                                               |

(Continue on separate sheet if necessary)

|           |                    |      |            |
|-----------|--------------------|------|------------|
| SIGNATURE | <i>[Signature]</i> | DATE | 11/11/2021 |
|-----------|--------------------|------|------------|

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| <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> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: <u>RESIGNATION FROM PREVIOUS COMPANY</u></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 7271); and (c) Solo Parents Welfare Act of 2000 (RA 8972), 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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>PROF. JACOB GLENN F. JANSALIN</td> <td>VISCA, BAYBAY CITY</td> <td>0926 749 0881</td> </tr> <tr> <td>ELIZABETH S. BUEVEDO, PhD</td> <td>VISCA, BAYBAY CITY</td> <td>563-7870</td> </tr> <tr> <td>ROSEMARIE C. MILANO, RCh</td> <td>MANDAUE CITY</td> <td>0936 735 4441</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                             | NAME          | ADDRESS | TEL. NO. | PROF. JACOB GLENN F. JANSALIN | VISCA, BAYBAY CITY | 0926 749 0881 | ELIZABETH S. BUEVEDO, PhD | VISCA, BAYBAY CITY | 563-7870 | ROSEMARIE C. MILANO, RCh | MANDAUE CITY | 0936 735 4441 |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ADDRESS                                                                                                                                                                                                                                                                                                                                                     | TEL. NO.      |         |          |                               |                    |               |                           |                    |          |                          |              |               |
| PROF. JACOB GLENN F. JANSALIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VISCA, BAYBAY CITY                                                                                                                                                                                                                                                                                                                                          | 0926 749 0881 |         |          |                               |                    |               |                           |                    |          |                          |              |               |
| ELIZABETH S. BUEVEDO, PhD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VISCA, BAYBAY CITY                                                                                                                                                                                                                                                                                                                                          | 563-7870      |         |          |                               |                    |               |                           |                    |          |                          |              |               |
| ROSEMARIE C. MILANO, RCh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MANDAUE CITY                                                                                                                                                                                                                                                                                                                                                | 0936 735 4441 |         |          |                               |                    |               |                           |                    |          |                          |              |               |
| <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>                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                             |               |         |          |                               |                    |               |                           |                    |          |                          |              |               |
| <p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government ID Issued ID: <u>PRC</u></p> <p>ID/License/Passport No: <u>0014131</u></p> <p>Date/Place of Issuance: <u>10/19/2018, ORmoc City</u></p>                                                                                                                                                                                                                                                                                                                                 | <p></p> <p>Signature (Sign inside the box)</p> <p><u>11/11/2021</u></p> <p>Date Accomplished</p>                                                                                                                                                                         |               |         |          |                               |                    |               |                           |                    |          |                          |              |               |
| <p></p> <p>MARY GRACE O. VERZA</p> <p></p> <p>Right Thumbmark</p>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                             |               |         |          |                               |                    |               |                           |                    |          |                          |              |               |
| <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> <p style="text-align: center;">Person Administering Oath</p>                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             |               |         |          |                               |                    |               |                           |                    |          |                          |              |               |

## WORK EXPERIENCE SHEET

- Duration: November 06, 2018 – August 16, 2021
- Position: Laboratory Chemist
- Name of Office/ Unit: The First Analytical Services and Technical Cooperative
- Immediate Supervisor: Rosemarie C. Milano
- Name of Agency/ Organization and Location: F.A.S.T. Laboratories- Cebu, Mandaue City
  - List of Accomplishments and Contributions
    - Participated and Passed International Proficiency Tests
    - Endorsed and Recommended as DENR Signatory
    - Laboratory Equipment Coordinator
    - Assists the management in the conceptualization and implementation of programs and projects.
  - Summary of Actual Duties
    - Performs the required chemical and physical analyses of accepted samples according to specified methods and procedures. Strictly implements the established laboratory quality system based on PNS ISO 17025. Participates in Proficiency Testing and other Quality Assurance programs of the laboratory, including method verification and validation as required.
    - Physico-Chemical test parameters in food, feeds, soil, raw materials, and other
    - Sample matrices for FDA, DENR, DOH compliance
    - Proximate Analyses in food, feeds, and others samples (Moisture, Ash, Fat, Protein, Fiber)
    - Physico-Chemical test parameters in water and wastewater including:
    - Heavy metals /Minerals (Pb, Cd, Hg, Ca, Cu, Co, Ni, Mg, Mn, Fe, Na, Zn, Ag)

  
MARY GRACE O. VERRA

(Signature over Printed Name  
of Employee or Applicant)

Date: 11/11/2024