

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	ALBURO		
FIRST NAME	QUEENIE JOY GAYLE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CAMPO		
3. DATE OF BIRTH (mm/dd/yyyy)	20/02/1992	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	VILLABA, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<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:	17. RESIDENTIAL ADDRESS	GERVACIO STREET Street POBLACION DEL NORTE Barangay VILLABA LEYTE City/Municipality Province 6537
7. HEIGHT (m)	1.53	ZIP CODE	18. PERMANENT ADDRESS
8. WEIGHT (kg)	50		GERVACIO STREET Street POBLACION DEL NORTE Barangay VILLABA LEYTE City/Municipality Province 6537
9. BLOOD TYPE	A+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	1211 2838 8479	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	16-050512573-5	20. MOBILE NO.	09481222540
13. SSS NO.	09-3426333-7	21. E-MAIL ADDRESS (if any)	queeniealburol@gmail.com
14. TIN NO.	423-175-842-000		
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		NAME EXTENSION (JR., SR)	AARON LUZRENCE A. CUARESMA	23/12/2016
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ALBURO			
FIRST NAME	JOSERELITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TOMASQUIN			
25. MOTHER'S MAIDEN NAME				
SURNAME	CAMPO			
FIRST NAME	NORA LANI			
MIDDLE NAME	CABRAS		(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	VILLABA SOUTH CENTRAL SCHOOL	PRIMARY EDUCATION	1998	2004		2004	HONORABLE MENTION
SECONDARY	VILLABA VOCATIONAL HIGH SCHOOL	HIGH SCHOOL	2004	2008		2008	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	UNIVERSITY OF MINDANAO	BS NURSING	2008	2011	2ND YEAR, 92 UNITS		
	UNIVERSITY OF SOUTHEASTERN PHILIPPINES	BS BIOLOGY MAJOR IN GENERAL BIOLOGY	2011	2015		2015	
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 27, 2024
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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	JUNE 27, 2024
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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 (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE	N/A	N/A
PROFICIENT IN MICROSOFT OFFICE APPLICATIONS		
GOOD COMMUNICATION SKILLS		
FAST-LEARNER		
HOBBIES: READING BOOKS, GARDENING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 27, 2024
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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: RESIGNATION DUE TO RISK OF CHEMICAL HAZARDS DURING PREGNANCY</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); 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 checked="" type="checkbox"/> YES <input 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>JEREMIAS R. LUCAÑAS</td> <td>VILLABA, LEYTE</td> <td>9129353287</td> </tr> <tr> <td>ADOLPH RAE A. BARRO, JR.</td> <td>VILLABA, LEYTE</td> <td>9086460917</td> </tr> <tr> <td>CHRIST MAE BALAUAG</td> <td>DAVAO CITY</td> <td>9063983206</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JEREMIAS R. LUCAÑAS	VILLABA, LEYTE	9129353287	ADOLPH RAE A. BARRO, JR.	VILLABA, LEYTE	9086460917	CHRIST MAE BALAUAG	DAVAO CITY	9063983206		
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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>															

WORK EXPERIENCE SHEET

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| <ul style="list-style-type: none"> • Duration: July 4, 2022 – Present • Position: Admin Aide (Job Order) • Immediate Supervisor: Adolph Rae A. Barro, Jr. & Jeremias R. Lucañas <ul style="list-style-type: none"> • Name of Company and Location: MENRO, LGU - Villaba, Leyte • Summary of Actual Duties <ul style="list-style-type: none"> ○ Performs a variety of office support and/or secretarial duties for the department, such as composing a variety of standard documents and correspondence, relaying and resolving routine telephone and/or walk-up inquiries, scheduling calendar items and meetings, making travel arrangements, processing forms, performing data entry, and establishing and maintaining records; edits and proofreads documents to ensure accuracy. |
| <ul style="list-style-type: none"> • Duration: March 8, 2021 – November 29, 2022; April 4, 2022 – June 15, 2022 • Position: Clinic Staff • Immediate Supervisor: Dr. January Ducducun <ul style="list-style-type: none"> • Name of Company and Location: Villaba Polyclinic – EVRMC Extension, Cabungahan, Villaba, Leyte • Summary of Actual Duties <ul style="list-style-type: none"> ○ Assist physicians in OPD consultations; assessment of patients' clinical condition prior to consultation; vital signs taking; maintains the proper storage of medicines and medical equipment; assist in drafting and preparing office communications, reports, vouchers, and other related matters; and performs other related functions as may be assigned. |
| <ul style="list-style-type: none"> • Duration: April 20, 2016 – May 20, 2016 • Position: Microbiology Analyst • Name of Office/Unit: Quality Assurance • Immediate Supervisor: Junabel Ebaldone <ul style="list-style-type: none"> • Name of Company and Location: Ahya Coco Organic Food Manufacturing Corporation, DWTC Building, Porras St., Bo. Obrero, Davao City Davao City, Davao del Sur • Summary of Actual Duties <ul style="list-style-type: none"> ○ Responsible for ensuring that processes are in accordance with set standards by checking products for microbial contaminants; collects samples from finished products, equipment, and raw materials; prepares culture agar and other microbial media; grows |

microbe cultures; documents daily microbial growth; validates microbial presence by identifying species of microbes from positive growth colony; identifies and analyzes the root cause of contamination and implements necessary actions; performs daily laboratory and equipment sanitation and material's sterilization; carries out equipment and materials inventory; conducts microbial tests to company's newly hired personnel before endorsing them to the processing area; communicates with other quality assurance departments for effective planning and implementation.

- Duration: July 27, 2015 – February 16, 2016
- Position: Quality Assurance Staff
- Name of Office/Unit: Quality Assurance
- Immediate Supervisor: Christ Mae Balauag
- Name of Company and Location: Princess Jolliant Corporation, Paglas Compound, Anglionto, Davao City, Davao del Sur

- Summary of Actual Duties
 - Responsible for assessing the quality of raw materials; ensures that the finished products are of prescribed quality; checks and calibrates equipment daily; documents production quality control activities; performs production materials inventory; identifies and analyzes the root cause of production problems and implements corrective and preventive actions; plans and organizes training activities related to food quality and food safety; plans and carries out monthly water quality assessment, monthly pest control operations, and annual product microbiological tests; coordinates with suppliers and third-party partners; resolves product quality problems from the clients.

Date: June 27, 2024