

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	CERNA		
FIRST NAME	ELLEN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	JAROGON		
3. DATE OF BIRTH (mm/dd/yyyy)	09/22/1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BRGY. HIBUNAWAN BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
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:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.63	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	55		HIBUNAWAN
9. BLOOD TYPE	AB+		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		BAYBAY CITY LEYTE
11. PAG-IBIG ID NO.	1212-2550-4844		City/Municipality Province
12. PHILHEALTH NO.	13-050202085-5	ZIP CODE	6521
13. SSS NO.	06-4127089-1	18. PERMANENT ADDRESS	
14. TIN NO.	722-598-782	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.			HIBUNAWAN
			Subdivision/Village Barangay
			BAYBAY CITY LEYTE
			City/Municipality Province
			6521
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	0915-348-9533
		21. E-MAIL ADDRESS (if any)	<a href="mailto:ejcerna@up.edu.ph">ejcerna@up.edu.ph</a>

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CAYUBIT		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NIEL JR.	NAME EXTENSION (JR., SR)	ELISE NILE C. CAYUBIT	07/24/2023
MIDDLE NAME	TEVES			
OCCUPATION	PROFESSIONAL TEACHER			
EMPLOYER/BUSINESS NAME	CEBU TECHNOLOGICAL UNIVERSITY - ARGAO CAMPUS			
BUSINESS ADDRESS	POBLACION, SIBONGA, CEBU 6020			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CERNA			
FIRST NAME	ELEUTERIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MONTECILLO			
25. MOTHER'S MAIDEN NAME	AMALIA ISIDRO JAROGON			
SURNAME	CERNA			
FIRST NAME	AMALIA			
MIDDLE NAME	JAROGON		(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	HIBUNAWAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	06/09/2003	04/03/2009	ELEMENTARY GRADUATE	2009	VALEDICTORIAN
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL EDUCATION	06/01/2009	03/22/2013	HIGH SCHOOL GRADUATE	2013	N/A
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN CHEMISTRY	06/01/2013	06/14/2017	COLLEGE GRADUATE	2017	N/A
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES CEBU	MASTER OF EDUCATION (CHEMISTRY)	09/11/2021	08/05/2023	MASTER'S GRADUATE	2023	WITH DISTINCTION

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 12, 2024
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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		
	N/A				

(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			
	ACADEMIC INTEGRITY	10/06/2023	10/06/2023	3.5 HOURS	PARTICIPANT	UP CEBU PERFORMING ARTS HALL
	CREATIVE INVESTIGATION TRAINING SERIES IN QUALITATIVE RESEARCH PART I (HOW TO CONDUCT INTERVIEWS AND FGDS)	03/03/2023	03/03/2023	8 HOURS	PARTICIPANT	UP CEBU, LAHUG, CEBU CITY
	UTILITY MODEL PRESENTATION WITH INSIGHTS FROM UM MAKERS	11/06/2022	11/06/2022	4 HOURS	TECHNICAL	CEBU CITY, PHILIPPINES
	UTILITY MODEL PRESENTATION WITH INSIGHTS FROM UM MAKERS	11/06/2022	11/06/2022	4 HOURS	PRESENTER	CEBU CITY, PHILIPPINES
	BASIC OPERATIONS OF MICROSOFT OFFICE 2016 (WORD, EXCEL, POWERPOINT)	06/01/2020	17/01/2020	100 HOURS	PARTICIPANT	ENGR. JOSE A. MORA, JR.
	MAXIMIZING PHOENIX ARALINKS RESOURCES	24/11/2019	24/11/2019	8 HOURS	TECHNICAL	PHOENIX ARALINKS
	SEMINAR-WORKSHOP ON CAMPUS JOURNALISM	25/09/2019	25/09/2019	8 HOURS	RESOURCE PERSON	RESEARCH & PUBLICATION DEPT. FRANCISCAN COLLEGE OF THE IMMACULATE
	BASIC EDUCATION MULTIPLE TEST CONSTRUCTION WORKSHOP SEMINAR	20/09/2019	20/09/2019	8 HOURS	TECHNICAL	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPCION
	HOMEROOM GUDANCE ORIENTATION AND SEMINAR WORKSHOP	05/07/2019	05/07/2019	8 HOURS	TECHNICAL	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPCION
	GENDER AND DEVELOPMENT ORIENTATION OF FCIC EMPLOYEES	28/06/2019	28/06/2019	8 HOURS	TECHNICAL	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPCION
	BASIC EDUCATION ORIENTATION PROGRAM AND INTENSIVE TRAINING FOR EFFECTIVE TEACHING	11/06/2019	13/06/2019	16 HOURS	TECHNICAL	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPCION
	12TH DIOCESAN EDUCATOR'S CONGRESS	02/03/2019	02/03/2019	8 HOURS	TECHNICAL	CATHOLIC EDUCATIONAL ASSOCIATION OF THE PHILIPPINES-8 DIOCESE OF MAASIN
	2018 CEAP 8 ANNUAL REGIONAL ASSEMBLY	15/09/2018	15/09/2018	8 HOURS	TECHNICAL	CATHOLIC EDUCATIONAL ASSOCIATION OF THE PHILIPPINES-REGION VIII
	SEMINAR WORKSHOP ON MULTIPLE INTELLIGENCES: ITS RELEVANCE TO STUDENT'S LEARNING AND DEVELOPMENT	16/06/2018	16/06/2018	8 HOURS	TECHNICAL	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPCION


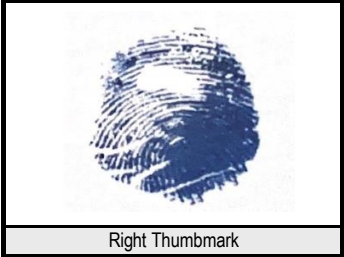
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	N/A		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 12, 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)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: RESIGNATION</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>TRACIE RANEZ</td><td>FCIC, BAYBAY CITY, LEYTE</td><td>0936-853-2791</td></tr><tr><td>ANNA LARISSA BARGAMENTO</td><td>ZONE 2, BAYBAY CITY, LEYTE</td><td>0917-662-6623</td></tr><tr><td>TRIRAT SUKASUKONT</td><td>MUEANG, PHETCHABURI, THAILAND</td><td>66812934803</td></tr></table>			NAME	ADDRESS	TEL. NO.	TRACIE RANEZ	FCIC, BAYBAY CITY, LEYTE	0936-853-2791	ANNA LARISSA BARGAMENTO	ZONE 2, BAYBAY CITY, LEYTE	0917-662-6623	TRIRAT SUKASUKONT	MUEANG, PHETCHABURI, THAILAND	66812934803
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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.														
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td><td rowspan="4"><div></div><div>Signature (Sign inside the box)</div><div>JULY 12, 2024</div><div>Date Accomplished</div></td></tr><tr><td>Government Issued ID: PRC</td></tr><tr><td>ID/License/Passport No.: 1774273</td></tr><tr><td>Date/Place of Issuance: 06/17/2019/ORMOC CITY</td></tr></table>		Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	<div></div> <div>Signature (Sign inside the box)</div> <div>JULY 12, 2024</div> <div>Date Accomplished</div>	Government Issued ID: PRC	ID/License/Passport No.: 1774273	Date/Place of Issuance: 06/17/2019/ORMOC CITY	<div><div>PHOTO</div><div><div>Right Thumbmark</div></div></div>							
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ID/License/Passport No.: 1774273														
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div></div> <div>Person Administering Oath</div>														