

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	MANALO			
FIRST NAME	RODEL	NOT APPLICABLE		
MIDDLE NAME	SECUYA			
3. DATE OF BIRTH (mm/dd/yyyy)	4/4/1990	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.		
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
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	CARLOS TAN STREET House/Block/Lot No. Street DISTRICT 19 Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province	
7. HEIGHT (m)	1.7	ZIP CODE	6541	
8. WEIGHT (kg)	68			
9. BLOOD TYPE	"O" POSITIVE		18. PERMANENT ADDRESS	CARLOS TAN STREET House/Block/Lot No. Street DISTRICT 19 Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
10. GSIS ID NO.	NOT APPLICABLE		ZIP CODE	6541
11. PAG-IBIG ID NO.	121091499525			
12. PHILHEALTH NO.	13-050133081-8			
13. SSS NO.	06-3224325-1	19. TELEPHONE NO.	NOT APPLICABLE	
14. TIN NO.	418-251-484	20. MOBILE NO.	09173064957	
15. AGENCY EMPLOYEE NO.	NOT APPLICABLE	21. E-MAIL ADDRESS (if any)	rodelmanalo04@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MANALO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ASTRID ERICA	NOT APPLICABLE	LUCAS MATTEO G. MANALO	1/11/2019
MIDDLE NAME	GRANADOS			
OCCUPATION	REGISTERED NURSE			
EMPLOYER/BUSINESS NAME	OSPA-FMC			
BUSINESS ADDRESS	BRGY. CAN-ADIENG., ORMOC CITY, LEYTE			
TELEPHONE NO.	09770879507			
24. FATHER'S SURNAME	MANALO			
FIRST NAME	RODOLFO	NOT APPLICABLE		
MIDDLE NAME	JANDOC			
25. MOTHER'S MAIDEN NAME				
SURNAME	SECUYA			
FIRST NAME	ELDA			
MIDDLE NAME	SOLLANO		(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	ORMOC CITY CENTRAL SCHOOL	NOT APPLICABLE	6/1/1996	3/1/2002	GRADUATED	2002	
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	NOT APPLICABLE	6/1/2002	3/1/2006	GRADUATED	2006	
VOCATIONAL / TRADE COURSE	NOT APPLICABLE						
COLLEGE	WESTERN LEYTE COLLEGE	BACHELOR OF SCIENCE IN ACCOUNTANCY	6/1/2006	4/1/2011	GRADUATED	2011	
GRADUATE STUDIES	EASTERN VISAYAS STATE UNIVERSITY	DIPLOMA IN TEACHING SECONDARY	6/1/2016	3/31/2017	24 UNITS	N/A	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 16, 2021
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)


V. WORK EXPERIENCE

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



[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 16, 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			
	Phil. Institute of CPAs - Ormoc Biliran Chapter	12/15/2011	Present		Previous Sector Representative	
(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			
	IFRS for SMEs	8/15/2016	8/16/2016	16.0	Technical	Mr. Eric J. Magcale
	Tax Updates	8/17/2016	8/17/2016	8.0	Technical	Mr. Eric J. Magcale
	Ethics and Good Governance	9/23/2016	9/23/2016	8.0	Technical	Dr. Cesar A. Mansibang
	Strategic and Critical Financial Management for CPAs	9/24/2016	9/24/2016	8.0	Managerial	Dr. Cesar A. Mansibang
	Culture of Excellence, Leadership and Loyalty (CELL) Program Personal Branding: A Secret to Attracting More Clients	10/7/2016	10/7/2016	8.0	Technical	Mr. Howell V. Mabalot
	BOA Updates; Personal Planning	10/8/2016	10/8/2016	8.0	Technical	Mr. Eugenio V. Villaceran
	Accountancy Profession: Cases and Applications	10/27/2016	10/27/2016	8.0	Technical	Mr. Elirie S. Aranas
	Philippine Standards on Auditing	10/28/2016	10/28/2016	8.0	Technical	Mr. Elirie S. Aranas
	Plain English, Write to express not to impress Seminar	8/22/2020	8/22/2020	4.0	Supervisory	Atty. Roney Gandeza, J.D.
	Training on Fundamental of Cooperative	5/13/2021	5/13/2021	8.0	Managerial	VICTO International
	Operational Leadership Foundation Training	6/10/2021	6/11/2021	16.0	Managerial	PASAR Corp.
(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)		
	Risk Management Seminar for Cooperatives	Cooperative Board Secretary		PASAR Multi-purpose Coopeartive		
	Trained for Working at Heights	Trained Personnel		PASAR Corp. Safety Protocol		
	Trained for Electrical Safety	Trained Personnel		PASAR Corp. Safety Protocol		
	Resource Person	Speaker		DTI Go Negosyo		
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	June 16, 2021	

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 type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</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><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>												
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>CRISTI CESAR MEGRASO</td><td>CEBU CITY</td><td>09178570857</td></tr><tr><td>RAFFY MARK OSORIO</td><td>ISABEL, LEYTE</td><td>09260579352</td></tr><tr><td>NIÑO JAYAG</td><td>MANILA</td><td>09176344009</td></tr></table>		NAME	ADDRESS	TEL. NO.	CRISTI CESAR MEGRASO	CEBU CITY	09178570857	RAFFY MARK OSORIO	ISABEL, LEYTE	09260579352	NIÑO JAYAG	MANILA	09176344009
NAME	ADDRESS	TEL. NO.											
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RAFFY MARK OSORIO	ISABEL, LEYTE	09260579352											
NIÑO JAYAG	MANILA	09176344009											
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.													

<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PRC</div> <div>ID/License/Passport No.: 0142966</div> <div>Date/Place of Issuance: 12/02/2011</div>	<div><div>Signature (Sign inside the box)</div><div>June 16, 2021</div><div>Date Accomplished</div></div>	<div> PHOTO</div> <div> Right Thumbmark</div>
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

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