

# 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	SUYOM		
FIRST NAME	ZAIREN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	LUGASAN		
3. DATE OF BIRTH (mm/dd/yyyy)	08/04/1997	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	DULAG 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 <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	5'4	17. RESIDENTIAL ADDRESS	N/A BARAYONG
8. WEIGHT (kg)	55		House/Block/Lot No. Street
9. BLOOD TYPE	O+		N/A SAN JOSE
10. GSIS ID NO.	N/A		Subdivision/Village Barangay
11. PAG-IBIG ID NO.	121187139544	18. PERMANENT ADDRESS	DULAG LEYTE
12. PHILHEALTH NO.	132504788966		City/Municipality Province
13. SSS NO.	0639015961		N/A BARAYONG
14. TIN NO.	353435484000		House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	N/A	20. MOBILE NO.	+639674111169
		21. E-MAIL ADDRESS (if any)	ZAIRENSUYOM5@GMAIL.COM

## 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) 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	SUYOM			
FIRST NAME	TEODORICO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	CIONELO			
25. MOTHER'S MAIDEN NAME				
SURNAME	LUGASAN			
FIRST NAME	ZENaida			
MIDDLE NAME	MACALINGA		(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	SAN JOSE CENTRAL SCHOOL	ELEMENTARY	2003	2009		2009	
SECONDARY	SAN JOSE NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2013		2013	
VOCATIONAL / TRADE COURSE	ANTONIA VARGAS SALINO SCHOOL FOUNDATION, INC.	CAREGIVING NCII	2022	2023		2023	
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN OFFICE ADMINISTRATION	2013	2018		2018	
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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IV. CIVIL SERVICE ELIGIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)			
				NUMBER	Date of Validity		
CAREER SERVICE - PROFESSIONAL EXAMINATION	80.44	08/20/2023	TACLOBAN CITY	N/A	N/A		
CAREER SERVICE - FIRE OFFICER EXAMINATION	80.25	10/23/2022	TACLOBAN CITY	N/A	N/A		
(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.							
28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
07/10/23	01/31/24	NURSE ATTENDANT	LEYTE PROVINCIAL HOSPITAL	8,200		JOB ORDER	Y
07/14/21	12/24/21	CUSTOMER SERVICE REPRESENTATIVE - FINANCIAL ACCOUNT	TELUS INTERNATIONAL	19,500		SEASONAL	N
10/30/18	11/0720	CUSTOMER SERVICE REPRESENTATIVE - FINANCIAL ACCOUNT	ALORICA PHILIPPINES, INC	16,000		REGULAR	N
01/18/17	03/21/17	STUDENT ASSISTANT	EASTERN VISAYAS STATE UNIVERSITY				Y
(Continue on separate sheet if necessary)							
SIGNATURE			DATE				



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	N/A	N/A	N/A	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			
	CAREER GUIDANCE FORUM	03/02/18	03/02/18			EASTERN VISAYAS STATE UNIVERSITY
	SEMINAR ON CURRENT TRENDS IN OFFICE MANAGEMENT	10/07/17	10/07/17			EASTERN VISAYAS STATE UNIVERSITY
	ANTI-SEXUAL HARASSMENT FOR OJT STUDENTS	09/26/17	09/26/17			EASTERN VISAYAS STATE UNIVERSITY
	SEMINAR ON CURRENT TRENDS IN OFFICE ADMINISTRATION	09/15/17	09/15/17			EASTERN VISAYAS STATE UNIVERSITY
	FOOD SAFETY SEMINAR	11/17/16	11/17/16			CITY HEALTH OFFICE TACLOBAN CITY
	SEMINAR ON EVENTS MANAGEMENT	10/28/16	10/28/16			EASTERN VISAYAS STATE UNIVERSITY
	TOUR MANAGEMENT SEMINAR	02/23/16	02/23/16			EASTERN VISAYAS STATE UNIVERSITY
	CERTIFICATE OF TRAINING	12/2017	03/2018	400		DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
	CERTIFICATE OF TRAINING	03/03/23	03/07/23			LEYTE PROVINCIAL HOSPITAL
	CERTIFICATE OF TRAINING	04/14/23	04/21/23			POPE FRANCIS COMPLEX CENTER FOR THE POOR
	CERTIFICATE OF TRAINING	08/01/22	12/15/22	786		TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	MEDICAL KNOWLEGABLE	BEST IN PEDIATRIC ROTATION				N/A
	ADMINISTRATIVE SUPPORT	BEST IN CLINICAL PRACTICE				
	COMPUTER LITERATE					
	CUSTOMER SERVICE SUPPORT					
	STRONG ATTENTION TO DETAIL					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		



<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the 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> <hr/> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="margin-left: 40px;">Date Filed: _____</p> <p style="margin-left: 40px;">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: <b>RESIGNATION</b></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</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>CHARLONE BORER, RN</td> <td>ALANG ALANG LEYTE</td> <td>09928557235</td> </tr> <tr> <td>WILFREDO PALEJARO JR.</td> <td>DULAG LEYTE</td> <td>09695009548</td> </tr> <tr> <td>HON. JOEY TAPA</td> <td>DULAG LEYTE</td> <td>09532207760</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	CHARLONE BORER, RN	ALANG ALANG LEYTE	09928557235	WILFREDO PALEJARO JR.	DULAG LEYTE	09695009548	HON. JOEY TAPA	DULAG LEYTE	09532207760
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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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<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"> <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: 250px; height: 60px; margin: 10px auto;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px auto; text-align: center;">             Person Administering Oath           </div> </div> <div style="width: 35%; text-align: center;"> <div style="border: 1px solid black; width: 150px; height: 40px; margin: 5px auto; text-align: center; font-size: 0.8em;">             ZAIREN L. SUYOM           </div> <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto; text-align: center;">             Right Thumbmark           </div> </div> </div>													