

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	MARINAY		
FIRST NAME	ALFE MAE ANN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	EVANGELISTA		
3. DATE OF BIRTH (mm/dd/yyyy)	05/04/1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	SITIO PIKAS
7. HEIGHT (m)	1.52	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	39		BRGY. GAAS
9. BLOOD TYPE	A POSITIVE		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		BAYBAY LEYTE
11. PAG-IBIG ID NO.	121230824441		City/Municipality Province
12. PHILHEALTH NO.	13-250365216-5	ZIP CODE	6521
13. SSS NO.	06-4149299-6	18. PERMANENT ADDRESS	SITIO PIKAS
14. TIN NO.	730-905-353	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	N/A		BRGY. GAAS
			Subdivision/Village Barangay
			BAYBAY LEYTE
			City/Municipality Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09632652616
		21. E-MAIL ADDRESS (if any)	alfemaeannmarinay@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
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MARINAY			
FIRST NAME	ALBERTO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SABUCIDO			
25. MOTHER'S MAIDEN NAME				
SURNAME	EVANGELISTA			
FIRST NAME	MARIA FE			
MIDDLE NAME	BALATE			
(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	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION & BARANGAY GAAS ELEMENTARY SCHOOL	GRADE 1 TO GRADE 4 & GRADE 5 TO GRADE 6	2004	2010	N/A	2010	1ST HONORABLE MENTION
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	FIRST YEAR HIGH SCHOOL - FOURTH YEAR HIGH SCHOOL	2010	2014	N/A	2014	SALUTATORIAN & EXCELLENCE IN SCIENCE AWARD
VOCATIONAL / TRADE COURSE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BARTENDING	2016	2016	NATIONAL CERTIFICATE II	N/A	N/A
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	Bachelor of Science in Business Administration major in Human Resource Development and Management	2014	2018	N/A	2018	ACADEMIC SCHOLARSHIP & DEAN'S LISTER
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)							
SIGNATURE			DATE				
			April 5, 2023				

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	April 5, 2023
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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	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			
	ON THE JOB TRAINING AT BAYBAY WATER DISTRICT	NOV. 2017	FEB. 2018	300 HRS	Skills Training	Baybay City Water District
	ISO 9001:2015 AWARENESS/RE-AWARENESS WEBINAR	NOV 27, 2020	NOV 27, 2020	8 HRS	Awareness Webinar	Visayas State University
	ISO 9001.2015 Awareness and Re-Awareness Seminar	31/08/2022	31/08/2022	3 hrs	Awareness Seminar	Visayas State University (Office of the President)
(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	
	Typing Skills					
	Mathematical Skills					
	Analytical and Organizational skills					
	Multi-tasking					
	Time Management					
	Playing Chess (hobby)					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	April 5, 2023	

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>MRS. PHLOEM GALUPO</td><td>PHYSICAL PLANT OFFICE</td><td>09264463556</td></tr><tr><td>ENGR. MARIO VALENZONA</td><td>PHYSICAL PLANT OFFICE</td><td>09176341514</td></tr><tr><td>ENGR. MARLON BURLAS</td><td>PHYSICAL PLANT OFFICE</td><td>09176341527</td></tr></table>		NAME	ADDRESS	TEL. NO.	MRS. PHLOEM GALUPO	PHYSICAL PLANT OFFICE	09264463556	ENGR. MARIO VALENZONA	PHYSICAL PLANT OFFICE	09176341514	ENGR. MARLON BURLAS	PHYSICAL PLANT OFFICE	09176341527
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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.)</td><td>PLEASE INDICATE ID Number and Date</td></tr><tr><td>Government Issued ID:</td><td>Tax Identification Number</td></tr><tr><td>ID/License/Passport No.:</td><td>730-905-353</td></tr><tr><td>Date/Place of Issuance:</td><td>BIR, Ormoc City</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date	Government Issued ID:	Tax Identification Number	ID/License/Passport No.:	730-905-353	Date/Place of Issuance:	BIR, Ormoc City	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>April 5, 2023</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	April 5, 2023	Date Accomplished
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>Person Administering Oath</td></tr></table>			Person Administering Oath										
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