

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	GUZMAN			
FIRST NAME	SHEENA MARIE		NAME EXTENSION (JR., SR.) N/A	
MIDDLE NAME	GONTIÑAS			
3. DATE OF BIRTH (mm/dd/yyyy)	24/05/1996	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	GEN. SANTOS CITY, SO. COTABATO	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:	17. RESIDENTIAL ADDRESS	STA CRUZ House/Block/Lot No. Street BITANHUAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521	
7. HEIGHT (m)	1.57	18. PERMANENT ADDRESS	STA CRUZ House/Block/Lot No. Street BITANHUAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521	
8. WEIGHT (kg)	50		19. TELEPHONE NO.	N/A
9. BLOOD TYPE	B +		20. MOBILE NO.	09979813156
10. GSIS ID NO.	N/A		21. E-MAIL ADDRESS (if any)	sheenamarieguzman524@gmail.com
11. PAG-IBIG ID NO.	1211-7968-4259			
12. PHILHEALTH NO.	13-025423952-7			
13. SSS NO.	06-3858987-0			
14. TIN NO.	331-996-499-000			
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	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	GUZMAN		
FIRST NAME	MERLITO	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	SURBAN		
25. MOTHER'S MAIDEN NAME	SIMPLICIA ALABAT GONTIÑAS		
SURNAME	GONTIÑAS		
FIRST NAME	SIMPLICIA		
MIDDLE NAME	ALABAT		

(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	ROMANA C. ACHARON ELEMENTARY SCHOOL	PRIMARY EDUCATION	2002	2008	GRADUATED	2008	N/A
SECONDARY	BITANHUAN NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2008	2012	GRADUATED	2012	With Honors
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BACHELOR OF SCIENCE IN AGRIBUSINESS	2012	2016	GRADUATED	2016	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A


(Continue on separate sheet if necessary)

SIGNATURE	DATE	05/30/25
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	05/30/25
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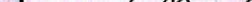
29	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	STO NIÑO DE PLARIDEL PARISH COMMISSION ON YOUTH	2016	PRESENT	N/A	MEMBER/VOLUNTEER
	SAN NICOLAS DE TOLENTINO YOUTH CHORALE	2022	2024	N/A	MEMBER/VOLUNTEER







VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Training Program a. Title of Program b. Description of Program c. Dates d. Location e. Sponsor f. Other	1. How did you learn about this program? 2. How did you feel about the program? 3. How did you feel about the program? 4. How did you feel about the program? 5. How did you feel about the program? 6. How did you feel about the program? 7. How did you feel about the program? 8. How did you feel about the program? 9. How did you feel about the program? 10. How did you feel about the program?

[illegible]

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
	COMMUNICATION SKILLS				

SIGNATURE	DATE
	05/30/25

<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: <u>RESIGNATION</u></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 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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>GINA A. AGUINOD</td> <td>LAO, ORMOC CITY</td> <td>9364159929</td> </tr> <tr> <td>KANDICE MAY M. MACASO</td> <td>SANTA FE, LEYTE</td> <td>9927844513</td> </tr> <tr> <td>GENALYN LUMANOG</td> <td>PALO, LEYTE</td> <td>9177048277</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	GINA A. AGUINOD	LAO, ORMOC CITY	9364159929	KANDICE MAY M. MACASO	SANTA FE, LEYTE	9927844513	GENALYN LUMANOG	PALO, LEYTE	9177048277
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td>PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID: PASSPORT</td> </tr> <tr> <td>ID/License/Passport No: P44791988</td> </tr> <tr> <td>Date/Place of Issuance: 01/21/2020 TACOBAN 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	Government Issued ID: PASSPORT	ID/License/Passport No: P44791988	Date/Place of Issuance: 01/21/2020 TACOBAN CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) Date Accomplished: 05/30/2025 </td> <td style="text-align: center;">  Right Thumbmark </td> </tr> </table>	 Signature (Sign inside the box) Date Accomplished: 05/30/2025	 Right Thumbmark					
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<p>SUBSCRIBED AND SWORN to before me this MAY 30 2025 at _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <p style="text-align: center;">ATTY. JEN B. CHAVEZ-BUTALUAN Notary Public for the Province of Leyte, City of Baybay Notarial Commission No. B-23-12-07 Until December 31, 2025 MCLE Comp. No. VIII-0011446-Valid until Apr. 12, 2026 Person ID No. 660328457 - 01/02/25 IBP C.R. No. 428541 - 01/02/25</p>													