

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	ABADIEZ			
FIRST NAME	SHEENA	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	GERALDO			
3. DATE OF BIRTH (mm/dd/yyyy)	11/27/2001	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	BAYBAY CITY, 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"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Other/s: <input type="checkbox"/> Separated	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. Street SITIO LIGAYA CANDADAM Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521	
7. HEIGHT (m)	1.575	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street SITIO LIGAYA CANDADAM Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521	
8. WEIGHT (kg)	86		ZIP CODE	
9. BLOOD TYPE	N/A			
10. GSIS ID NO.	N/A			
11. PAG-IBIG ID NO.	N/A			
12. PHILHEALTH NO.	N/A	ZIP CODE		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A	
14. TIN NO.	N/A	20. MOBILE NO.	09514196342	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	abadiezsheena@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		NAME EXTENSION (JR., SR) N/A	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ABADIEZ			
FIRST NAME	RICARDO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	DUPAL			
25. MOTHER'S MAIDEN NAME				
SURNAME	GERALDO			
FIRST NAME	MILDRED			
MIDDLE NAME	ACEDILLA			

(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	ELEMENTARY	6/9/2008	3/10/2014	N/A	2014	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	6/13/2014	3/12/2020	N/A	2020	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF PHYSICAL EDUCATION	8/1/2021	8/7/2024	N/A	2024	N/A
GRADUATE STUDIES	UNIVERSITY OR PERPETUAL HELP SYSTEM DALTA	MASTER OF ARTS IN EDUCATION PHYSICAL EDUCATION AND SPORTS	8/24/2024	N/A	24	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/29/2024
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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
	CIVIL SERVICE PROFESSIONAL ELIGIBLE	84.9	3/19/2024	ORMOC CITY	N/A	N/A
	LICENSED PROFESSIONAL TEACHER	87.60	3/23/2025	TACLOBAN CITY	2331196	11/27/2028


(Continue on separate sheet if necessary)





V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/29/2024
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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			
	SUNDAY SCHOOL AT BRGY.BUENAVISTA BAYBAY LEYTE	08/25/2019	10/11/2019	N/A	PARTICIPANT/VOLUNTEER	
	BAYBAY CITY PARISH RELIEF OPERATION DRIVE	11/4/2021	12/4/2021	N/A	PARTICIPANT/VOLUNTEER	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
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			
	SPORTS CAMP 2023: ORGANIZING, MANAGING, AND OFFICIATING SWIMMING COMPETITION	3/4/2023	3/4/2023	8.0	TECHNICAL	N/A
	SPORTS CAMP 2023: PREPARATION FOR INTRAMURALS, AND REGIONAL SCUAA2023	06/17/2023	09/17/2023	8.0	TECHNICAL	N/A
	BIGGEST LOSER VSU EDITION	04/26/2023	07/20/2023	N/A	TECHNICAL	N/A
	AGORA: CROSSROADS OF CREATIVITY, CULTURE, AND IDEAS VISUAL ARTS WORKSHOP	10/13/2023	10/15/2023	16.0	TECHNICAL	N/A
	OFFICIATING CMEET: BASKETBALL AND VOLLEYBALL GAMES	03/02/2024	03/02/2024	8.0	TECHNICAL	N/A
	PATHFIT: CURRENT TRENDS AND RESEARCH IN PHYSICAL EDUACTION CURRICULUM	3/20/2024	3/20/2024	3.0	TECHNICAL	N/A
	WEBINAR: CREATIN AN INCLUSIVE WORKPLACE AND CLASSROOM	06/30/2024	06/30/2024	3.0	MANAGERIAL	N/A
(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)	
	BASKETBALL		ATLETANG EDUKALISTA AWARD		VSU WOMEN'S BASKETBALL TEAM	
	SINGING		THE VOICE FCIC (CHAMPION)			
	PLAYING MUSICAL INSTRUMENTS		PHILIPPINE ENVIRONMENTAL MONTH JINGLE COMPETITION (CHAMPION)			
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		07/29/2024

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____															
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____															
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____															
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____															
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____															
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____															
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____															
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)																
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EMMELINE M. CASEM	ORMOC CITY	N/A														
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.																
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SUBSCRIBED AND SWORN to before me this <u>07/29/2024</u> , affiant exhibiting his/her validly issued government ID as indicated above.																
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