

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	ENRIQUEZ		
FIRST NAME	CAMILLE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	RESMA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/06/1995	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	HINUNDAYAN, SOUTHERN LEYTE		
5. SEX	<input type="checkbox"/> Male <input checked="" 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 <div>House/Block/Lot No. Street</div> <div>PUROK 1 STA CRUZ</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY LEYTE</div> <div>City/Municipality Province</div> <div>6521</div>	
7. HEIGHT (m)	150		
8. WEIGHT (kg)	49		
9. BLOOD TYPE	B		
10. GSIS ID NO.	NA		
11. PAG-IBIG ID NO.	121239638394	18. PERMANENT ADDRESS <div>House/Block/Lot No. Street</div> <div>PUROK 1 STA CRUZ</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY LEYTE</div> <div>City/Municipality Province</div> <div>6521</div>	
12. PHILHEALTH NO.	132503386503		
13. SSS NO.	06-4188654-4		
14. TIN NO.	742-258-819-000	19. TELEPHONE NO.	N/A
15. AGENCY EMPLOYEE NO.	NA	20. MOBILE NO.	09613296518
		21. E-MAIL ADDRESS (if any)	camilleenriquez1995@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BORNEO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	DHAREL	NAME EXTENSION (JR., SR)	KIARA KIRSTEN E. BORNEO	03/29/2023
MIDDLE NAME	FLANDEZ		*****NOTHING FOLLOWS*****	
OCCUPATION	SEAFARER			
EMPLOYER/BUSINESS NAME	STATUS MARITIME CORPORATION			
BUSINESS ADDRESS	SAN MARCELINO ST. MALATE,METRO MANILA			
TELEPHONE NO.	6328241111			
24. FATHER'S SURNAME	ENRIQUEZ			
FIRST NAME	MANUEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GASCON			
25. MOTHER'S MAIDEN NAME	ANTIPALA			
SURNAME	ENRIQUEZ			
FIRST NAME	MARIA FE			
MIDDLE NAME	RESMA		(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	YEAR GRADUATED	SCHOLARSHIP / ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	STA. CRUZ, ELEMENTARY SCHOOL	PRIMARY EDUCATION	2002	2008		2008	1ST HONORABLE MENTION
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGHSCHOOL	HIGHSCHOOL	2008	2012		2012	WITH HIGH HONOR
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	2012	2018		2018	JALECA SCHOLARSHIP GRANT
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/09/2024
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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		
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			
	Pinnacle Insights on Companion Animal	04/04/2024	04/04/2024	8	TECHNICAL	Zoetis Philippines Inc
	8th Boehringer Ingelheim Companion Animal Technical Forum	05/29/2024	05/29/2024	9	TECHNICAL	Boehringer Ingelheim Animal health Philippines, Inc
	Royal Canin LSM Updates: The Diet and Skin Connection	02/15/2024	02/15/2024	8	TECHNICAL	Philippine Veterinary Medical Association (PVMA),Inc
	Vet Business Forum	10/26/2023	10/26/2023	8	TECHNICAL	Vetmate Farma Corp.
	Local Scientific Meeting:Lecture Updates on Canine and Feline Urinary Diseases	03/24/2023	03/24/2023	9	TECHNICAL	Philippine Veterinary Medical Association (PVMA),
	Royal Canin Local Scientific Meeting and Business Forum	11/17/2022	11/17/2022	8	TECHNICAL	Philippine Veterinary Medical Association (PVMA),
	27th Annual PAHA Conference:Resurgence of the Filipino Veterinarians in Companion Animal	09/27/2022	09/29/2022	24	TECHNICAL	Philippine Animal Hospital Association (PAHA)
	Basic Beekeeping Seminar workshop	06/19/2021	06/20/2021	12	TECHNICAL	Technical Education and Skills Development Authority (TESDA)
	88th PVMA Scientific Conference and Annual Convention	02/17/2021	02/19/2021	24	TECHNICAL	Philippine Veterinary Medical Association (PVMA),Inc
	25th Annual PAHA Conference	09/30/2019	10/02/2021	24	TECHNICAL	Philippine Animal Hospital Association (PAHA)
	Marine Animal Rescue and Cetacean Medic Response Training (CMARNET)	06/22/2017	06/23/2024	16	TECHNICAL	Provincial Veterinary Office -Cebu

(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)
	FREE DIVING		N/A		Philippine Veterinary Medical Association (PVMA),Inc
	TUTORING				
	PAINTING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/09/2024
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, 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, 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: finished contract from previous work _____
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 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)		
NAME	ADDRESS	TEL. NO.
DR. RENATO DAGANTA	CVM, Baybay City	9058396312
DR. CHERYL C. BATISTEL	DBS, VSU-MAIN	9186514081
DR. GIDEON REY SALCEDO	MUNICIPAL LIVESTOCK COORDINATOR, REGION XII	9388689361
DR. IRENE MAE GABAY	VETERINARIAN, SIKUIJOR	9565518500
DR. JAMES LESTER CASTRONUEVO	SWC CLINIC, SANTA ROSA	9289607250

ID picture taken within the last 6 months
3.5 cm. X 4.5 cm
(passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

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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Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date	
Government Issued ID:	PRC ID	
ID/License/Passport No.:	20-4462698	
Date/Place of Issuance:	10/06/2021/ SANTA ROSA CITY LAGUNA	

Signature (Sign inside the box)	
07/09/2024	
Date Accomplished	

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath