

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	DAMAYO		
FIRST NAME	MAY		
MIDDLE NAME	GUINO		
3. DATE OF BIRTH (mm/dd/yyyy)	31/08/1992	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	ORMOC CITY	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	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ Barangay _____ ORMOC CITY _____ LEYTE _____ City/Municipality _____ Province _____ ZIP CODE 6541
7. HEIGHT (m)		18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ Barangay _____ ORMOC CITY _____ LEYTE _____ City/Municipality _____ Province _____ ZIP CODE 65411
8. WEIGHT (kg)			
9. BLOOD TYPE	O+		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	121203843686		
12. PHILHEALTH NO.	130252026402		
13. SSS NO.	0635060567	19. TELEPHONE NO.	
14. TIN NO.	773317506	20. MOBILE NO.	09557482969
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	damayomay31@gmail.com


II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DAMAYO			
FIRST NAME	RONELITO	SR.		
MIDDLE NAME	TUGONON			
25. MOTHER'S MAIDEN NAME				
SURNAME	GUINO			
FIRST NAME	LILIBETH			
MIDDLE NAME	AMOLONG		(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	MAS-IN ELEMENTARY SCHOOL					2004	FAST ACHIEVER

SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL					2008	
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY					2022	
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							
SIGNATURE				DATE	October 23, 2024		

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		
	DRIVER'S LICENSE	1.0	09/03/2024	ORMOC CITY	H03-20-000305	31/08/2034		
(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						
	07/01/2024	PRESENT	CLERK	CITY HEALTH OFFICE	6000		JOB ORDER	
	01/02/2024	06/28/2024	CLERK	CITY GENERAL SERVICES OFFICE	6000		JOB ORDER	6 MONTHS
	08/08/2022	09/30/2023	ACCOUNTS PAYABLE CLERK	ONYATA TRADING CORPORATION	11050.00		REGULAR	
	07/03/2017	09/30/2017	SALES AGENT	GLOBE - ORMOC	7500.00		CONTRACTUAL	
	03/03/2015	06/30/2017	ENCODER/ROVING	JAJAVI LENDING CORPORATION	7000.00		REGULAR	
(Continue on separate sheet if necessary)								
SIGNATURE				DATE		October 23, 2024		

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	TAU GAMMA PHI - TAU GAMMA SIGMA GRAND FRATERNITY AND SORORITY (VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE)	08/08/2017	06/30/2020		FORMER PRESIDENT
	TAU GAMMA PHI - TAU GAMMA SIGMA GRAND FRATERNITY AND SORORITY (BRGY. MAS-IN, ORMOC CITY, LEYTE)	02/03/2020	present		ORGANIZER
	COMMISSION ON YOUTH (OUR LADY OF THE MOST HOLY ROSARY PARISH, BRGY. CURVA, ORMOC CITY)	17/04/2006	30/07/2021		MEMBER & FORMER COMMISSION ON YOUTH COORDINATOR
	SOCIETY OF AGRIBUSINESS STUDENTS (VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE)	08/06/2017	08/08/2022		MEMBER & FORMER PUBLIC RELATION OFFICER

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

INCLUSIVE DATES OF				
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(Continue on separate sheet if necessary)

<p>1. STATEMENT OF WORK (SOW)</p>		
<p>1.1. Project Overview</p>	<p>1.2. Objectives and Scope</p>	<p>1.3. Deliverables and Milestones</p>

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 23, 2024
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October 23, 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 checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <u>Resignation and end of term</u>	
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: <u>08-3738-068-0003426</u> <input type="checkbox"/> YES <input 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.
MICHAEL DOMINICK GARRIDO	VSU, BAYBAY CITY	09518313497
CATALINA EPA	CEBU CITY	09171746232
EVERITA FLORES	ORMOC CITY	09663641488
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.		

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>
Government Issued ID: 130252026402
ID/License/Passport No.: H03-20-000305
Date/Place of Issuance: 1/14/20 ORMOC CITY

 Signature (Sign inside the box) October 23, 2024 Date Accomplished
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 Right Thumbmark

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

Person Administering Oath