

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	RONDOVIO			
FIRST NAME	JULI MARIE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MERCADO			
3. DATE OF BIRTH (mm/dd/yyyy)	26/09/1980	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	VISCA BAYBAY LEYTE	If holder of dual citizenship, please indicate the details.		
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Philippines		
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	PUROK 2 House/Block/Lot No. Street GABAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province	
7. HEIGHT (m)	1.53	18. PERMANENT ADDRESS	PUROK 2 House/Block/Lot No. Street GABAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province	
8. WEIGHT (kg)	58 KG		ZIP CODE	6521
9. BLOOD TYPE	B		19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A		20. MOBILE NO.	09501585931
11. PAG-IBIG ID NO.	121022869320	21. E-MAIL ADDRESS (if any)	opena2607@gmail.com	
12. PHILHEALTH NO.	110502270575			
13. SSS NO.	06-1980587-4			
14. TIN NO.	294-538-134			
15. AGENCY EMPLOYEE NO.	N/A			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	RONDOVIO		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	SLEVEN	NAME EXTENSION (JR., SR)	STACY LEIGH MERCADO RONDOVIO	11/18/2006
MIDDLE NAME	KYAMKO		JERMAINE DYLLLE MERCADO RONDOVIO	04/07/2008
OCCUPATION	NONE		JARRETT DWAYNE MERCADO RONDOVIO	12/04/2013
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MERCADO			
FIRST NAME	JULIUS	NAME EXTENSION (JR., SR)		
MIDDLE NAME	POLO			
25. MOTHER'S MAIDEN NAME				
SURNAME	OPENA			
FIRST NAME	MARITA			
MIDDLE NAME	ESPEJON			

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	MATAG-OB CENTRAL SCHOOL	PRIMARY EDUCATION	1987	1993	N/A	1993	W/ HONORS
SECONDARY	VISCA LABORATORY HIGH SCHOOL	HIGH SCHOOL	1993	1997	N/A	1997	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BACHELOR OF SCIENCE IN FOOD TECHNOLOGY	1997	2001	N/A	2001	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTERS OF SCIENCE IN FOOD SCIENCE AND TECHNOLOGY	2018	PRESENT	N/A	N/A	N/A

SIGNATURE		DATE	SEPT. 30, 2020
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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)

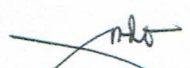
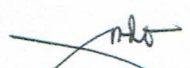
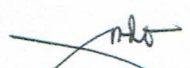
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	SEMINAR ON PRODUCTIVITY TOOLS IN MANUFACTURING	10/30/2019	10/31/2019	16 HOURS	TECHNICAL	PCW (PHILIPPINE COMMISSION ON WOMEN)
	BASIC ENTREPRENEURIAL CAPACITY DEVELOPMENT SEMINAR	10/16/2019	10/17/2019	16 HOURS	TECHNICAL	DEPARTMENT OF AGRICULTURE
	GREAT WOMEN TRAINING PROGRAM	09/23/2019	09/28/2019	6 DAYS	TECHNICAL	BAYAN ACADEMY, PCW
	WORKSHOP ON #SHE MEANS BUSINESS	09/06/2019	09/06/2019	8 HOURS	MANAGERIAL	BAYAN ACADEMY
	FOOD SAFETY SEMINAR AND ORIENTATION ON FDA-LTO CERTIFICATION	03/14/2019	03/15/2019	14 HOURS	TECHNICAL	DTI
	2018 REGION 8 SSF SUMMIT	09/21/2018	09/21/2018	7 HOURS	TECHNICAL	DTI
	ENHANCING INNOVATION IN AGRICULTURAL RESEARCH AND DEVELOPMENT	07/25/2018	07/25/2018	8 HOURS	TECHNICAL	SEARCA
	TAXATION	05/25/2018	05/25/2018	8 HOURS	TECHNICAL	DTI
	OPERATIONS MANAGEMENT	04/20/2018	04/20/2018	8 HOURS	TECHNICAL	DTI
	MARKET DRIVEN PRODUCT DEVELOPMENT AND INNOVATION AND MARKET GROWTH AND EXPANSION SEMINAR	04/06/2018	04/06/2018	6 HOURS	TECHNICAL	DTI
	ENTREPRENEURIAL MINDSET AND VALUES FORMATION	03/23/2018	03/23/2018	8 HOURS	TECHNICAL	DTI
	PRODUCT DEVELOPMENT ON GENERIC PACKAGING	11/13/2017	11/13/2017	8 HOURS	TECHNICAL	DTI
	NOODLE PROCESSING	11/03/2017	11/04/2017	14 HOURS	TECHNICAL	VSU- DFST
	HACCP,GMP AND SSOP SEMINAR	03/01/2006	03/03/2006	3 DAYS	TECHNICAL	BFAR

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION		
31.	32.	33.
SPECIAL SKILLS and HOBBIES (Write in full)	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
READING BOOKS/ NOVELS	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	SEPT. 30, 2020
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<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: _____</p> <p><u>RESIGNE</u> <u>TO TRANSFER TO A GOVERNMENT</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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. ROBERTA LAUZON</td> <td>BAYBAY CITY</td> <td>9172751950</td> </tr> <tr> <td>MORA ABARQUEZ</td> <td>MAKINHAS BAYBAY CITY</td> <td>9178084643</td> </tr> <tr> <td>DR. IVY EMNACE</td> <td>BAYBAY CITY</td> <td>9069267236</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. ROBERTA LAUZON	BAYBAY CITY	9172751950	MORA ABARQUEZ	MAKINHAS BAYBAY CITY	9178084643	DR. IVY EMNACE	BAYBAY CITY	9069267236
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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>													
<p>Government issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: 00955</p> <p>ID/License/Passport No.: N/A</p> <p>Date/Place of Issuance: BAYBAY CITY HALL</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 80px; vertical-align: bottom; text-align: center;">  Signature (Sign inside the box) </td> </tr> <tr> <td style="text-align: center;"> SEPT 30, 2020 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box)	SEPT 30, 2020 Date Accomplished										
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SEPT 30, 2020 Date Accomplished													
<p>43. SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													

