

IV. CIVIL SERVICE ELIGIBILITY

29.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	DATE OF RELEASE

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (Include private employment. Start from your current work)

30. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOV'T SERVICE (Yes / No)
From	To						
02 / 04 2016	04 / 15 2017	HR- ASSISTANT	HUMAN RESOURCE	10,600		REGULAR	NO
05 / 02 2017	08 / 20 2021	HR ASSISTANT/ ADMIN ASSISTANT	HCMD	13,500		REGULAR	NO
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

31.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	GRACE DRIVE MINISTRY	05 / 14 / 2021	/ /		TRANSPARENCY PERSONNEL
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(Continue on separate sheet if necessary)

VII. TRAINING PROGRAMS (Start from the most recent training.)

32.	TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
		From	To		
	EMOTIONAL INTELLIGENCE TRAINING	08 / 12 / 2019	08 / 14 / 2019	18	AVENTUS (COMPANY)
	CUSTOMER SERVICE SEMINAR	10 / 09 / 2018	10 / 11 / 2018	18	AVENTUS (COMPANY)
	FORENSICS: STRESS MANAGEMENT SEMNAR	02 / 05 / 2015	02 / 05 / 2015	8	USC
	LEARN THE LAWS, KNOW YOUR RIGHTS	02 / 13 / 2014	02 / 13 / 2014	6	USC
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(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

33.	SPECIAL SKILLS / HOBBIES:	34.	NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
					JPMAP
					GRACE DRIVE MINISTRY

(Continue on separate sheet if necessary)

36. Are you related by consanguinity or affinity to any of the following :

a. Within the third degree (for National Government Employees):
appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?

☐ YES ☒ NO

If YES, give details:

b. Within the fourth degree (for Local Government Employees):
appointing authority or recommending authority where you will be appointed?

☐ YES ☒ NO

If YES, give details:

37 a. Have you ever been formally charged?

☐ YES ☒ NO

If YES, give details:

b. Have you ever been guilty of any administrative offense?

☐ YES ☒ NO

If YES, give details:

38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES ☒ NO

If YES, give details:

39. 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, AWOL or phased out, in the public or private sector?

☒ YES ☐ NO

If YES, give details:
RESIGNATION

40. Have you ever been a candidate in a national or local election (except Barangay election)?

☐ YES ☒ NO

If YES, give details:

41. 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?

☐ YES ☒ NO

If YES, please specify:

b. Are you differently abled?

☐ YES ☒ NO

If YES, please specify:

c. Are you a solo parent?

☐ YES ☒ NO

If YES, please specify:

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
MAUREEN M. LICYAYO	CEBU CITY	09171395154
FEYJOHLEN LESLIE	MAKATI CITY	09457688450

PHOTO

43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.


COMMUNITY TAX CERTIFICATE NO.

ISSUED AT

/ /

ISSUED ON (mm/dd/yyyy)

Verified by *pdf filler*



01/12/2022

SIGNATURE (Sign inside the box)

01/12/2022

DATE ACCOMPLISHED

RIGHT THUMBMARK

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