

# 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 if accomplished through own handwriting. Tick appropriate boxes ☐ and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

## I. PERSONAL INFORMATION

1. SURNAME	MAKILING	NAME EXTENSION (JR., SR)		N/A
2. FIRST NAME	AMELYN			
MIDDLE NAME	MESIONA			
3. DATE OF BIRTH (dd/mm/yyyy)	4/8/1991	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	MAPAWA, MARAGUSAN COMVAL	If holder of dual citizenship, please indicate the details.		
5. SEX AT BIRTH	<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	ZONE 1 House/Block/Lot No. PARAL Street SALOG Subdivision/Village Barangay HINUNANGAN SOUTHERN LEYTE City/Municipality Province	
7. HEIGHT (m)	1.45	ZIP CODE	6608	
8. WEIGHT (kg)	50	18. PERMANENT ADDRESS	ZONE 1 House/Block/Lot No. PARAL Street SALOG Subdivision/Village Barangay HINUNANGAN SOUTHERN LEYTE City/Municipality Province	
9. BLOOD TYPE	N/A	ZIP CODE	6608	
10. UNMO ID NO.	N/A	19. TELEPHONE NO.	053-8025116	
11. PAG-IBIG ID NO.	1211-7711-3593	20. MOBILE NO.	09564059621	
12. PHILHEALTH NO.	13-050185976-2	21. E-MAIL ADDRESS (if any)	amakiling@southernleytestaeu.edu.ph	
13. PhilSys Number (PSN)	4984-5748-2375-8021			
14. TIN NO.	426-954-627			
15. AGENCY EMPLOYEE NO.	208			

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME	N/A	N/A	N/A
MIDDLE NAME	N/A	N/A	N/A
OCCUPATION	N/A	N/A	N/A
EMPLOYER/BUSINESS NAME	SOUTHERN LEYTE STATE UNIVERSITY-HC	N/A	N/A
BUSINESS ADDRESS	BANCAS A/B, HINUNANGAN SOUTHERN LEYTE	N/A	N/A
TELEPHONE NO.	N/A	N/A	N/A
24. FATHER'S SURNAME	MAKILING	N/A	N/A
FIRST NAME	ANTONIO	N/A	N/A
MIDDLE NAME	CRUZADA	N/A	N/A
25. MOTHER'S MAIDEN NAME		N/A	N/A
SURNAME	MESIONA	N/A	N/A
FIRST NAME	MARCELINA	N/A	N/A
MIDDLE NAME	TIMUGAN	(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	HINUNANGAN EAST CENTRAL SCHOOL	ELEMENTARYGRADUATE	2001	2006	GRADUATED	2006	SALUTATORIAN
SECONDARY	HOLY ROSARY ACADEMY	HIGHSCHOOLGRADUATE	2006	2010	GRADUATED	2010	SALUTATORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SAINT JOSEPH COLLEGE	BACHELOR IN SECONDARY EDUCATION	2010	2014	GRADUATED	2014	ACADEMIC
GRADUATE STUDIES	LEYTE NORMAL UNIVERSITY	MASTER OF ARTS IN EDUCATION- MATHEMATICS	2020	2025	GRADUATED	2025	DOST

(Continue on separate sheet if necessary)

SIGNATURE	Amakiling	DATE	August 26, 2025
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[illegible]

#### V. WORK EXPERIENCE

(Include private employment. Start from your recent work.) Description of duties should be indicated in the attached Work Experience Sheet.

[illegible]

SIGNATURE	<i>Amalia</i>	DATE	AUGUST 26, 2025
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**AUGUST 26, 2025**



# VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (dd/mm/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
N/A		N/A	N/A	N/A	N/A
N/A					
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 (dd/mm/yyyy)		NUMBER OF HOURS	Type of L&D (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Graphics Design Using Canva	26/06/2025	26/06/2026	4	PARTICIPANT	SLSU-HINUNANGAN
	MICROSOFT OFFICE 365 3NE-USER TRAINING	09/04/2024	09/04/2024	4	PARTICIPANT	SLSU-HINUNANGAN
	ACADEMIC ADVANCEMENT THROUGH HIGHLY ETHICAL RESEARCH IN ADVANCE EDUCATION	09/03/2024	09/03/2024	8	PARTICIPANT	SLSU-HINUNANGAN
	OF PROFESSIONALISM IN THE IMPLEMENTATION & DELIVERY OF BASIC EDUCATION PROGRAM	3/16/2024	3/17/2024	16	PARTICIPANT	SLSU-HINUNANGAN
	IN-HOUSE TRAINING ON THE USE OF THE JAMOWI APPLICATION FOR DATA ANALYTICS	12/23/2023	12/23/2023	4	PARTICIPANT	CPDCFT TRAINING CENTER
	DEVELOPMENT WEB-BASED HUMAN RESOURCE MANAGEMENT INFORMATION SYSTEM & FACIAL RECO	10/11/2023	10/11/2023	4	PARTICIPANT	SLSU-HINUNANGAN
	DOST LEADERSHIP BOOTCAMP	11/23/2022	11/27/2022	40	PARTICIPANT	HR-SLSU HINUNANGAN
	TRAINING WORKSHOP ON THE USE OF ODILO DIGITAL LIBRARY	02/23/2023	02/23/2023	4	PARTICIPANT	DOST
	Webinar Series 1, " Scholar's Values Formation Program " under the Patriot Scholars Project	7/2/2021	7/2/2021	8.0	PARTICIPANT	SLSU-HINUNANGAN
	Webinar Series 2, " Strengthening Individual and Family Resiliency " " under the Patriot Scholars Project	8/27/2021	8/27/2021	8.0	PARTICIPANT	DOST
	Webinar Series 3, " Understanding Natural Hazards in the Philippines " " under the Patriot Scholars Project	9/10/2021	9/10/2021	8.0	PARTICIPANT	DOST
	Webinar Series 4, " The Filipino Behavior and Economic Development during The Pandemic; How Resilient is It? " under the Patriot Scholars Project	9/24/2021	9/24/2021	8.0	PARTICIPANT	DOST
	Continuing Professional Development for Professional Teachers " Interfacing Brain Based Learning with Transformative Teaching for Next Gen Learners in Mathematics "	3/5/2019	3/5/2019	8.0	PARTICIPANT	DOST
	ICT SKILLS ENHANCEMENT TRAINING-WORKSHOP	01/14/2019	01/23/2019	40.0	PARTICIPANT	PHOENIX AND SIBS PUBLISHING HOUSE INC.
	DEPED-PEAC 2018 SUMMER IN-SERVICE TRAINING (INSET) FOR JUNIOR HIGH SCHOOL TEACHERS IN PRIVATE SCHOOLS	05/28/2018	05/30/2018	24.0	PARTICIPANT	SLSU-CAFES (RUTHER B. MANUN-OG) PROGRAM CHAIR-IT DEPARTMENT
	TRANSFORMATIONAL TEACHING FOR THE 21ST CENTURY LEARNERS- ENGLISH (SEMINAR-WORKSHOP)	3/3/2018	3/3/2018	8.0	PARTICIPANT	PRIVATE EDUCATION ASSISTANCE COMMITTEE (PEAC)
	CLASSROOM MANAGEMENT AND FORMATIVE ASSESSMENT AND STUDENT CENTERED INSTRUCTION WITH VALUES INEGRATION AND ART OF QUESTIONING	05/27/2018	05/28/2018	16.0	PARTICIPANT	PHOENIX AND SIBS PUBLISHING HOUSE INC.
	DEPED-PEAC 2017 SUMMER IN-SERVICE TRAINING (INSET) FOR JUNIOR HIGH SCHOOL TEACHERS IN PRIVATE SCHOOLS " Designing, Assessing and Facilitating Grade 7-10 Learning Units based on K to 12 Standards "	05/22/2017	05/24/2017	24.0	PARTICIPANT	PHOENIX PUBLISHING HOUSE INC.
	11TH DIOCESAN EDUCATOR'S CONGRESS	02/24/2018	02/24/2018	8.0	PARTICIPANT	PRIVATE EDUCATION ASSISTANCE COMMITTEE (PEAC)
	HIGHLY ENGAGED CLASSROOM	11/18/2017	11/18/2017	8.0	PARTICIPANT	CATHOLIC EDUCATIONAL ASSOCIATION OF THE PHILIPPINES-8

(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)
	SINGING		N/A		N/A
	READING NOVELS, WEBTOON, & MANGA		N/A		N/A
	PLAYING GUITAR		N/A		N/A
	SOLVING PUZZLES		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	AUGUST 26, 2025
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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 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, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), 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)													
<table><thead><tr><th>NAME</th><th>OFFICE / RESIDENTIAL ADDRESS</th><th>CONTACT NO. AND/OR EMAIL</th></tr></thead><tbody><tr><td>MARY D. ALMINE</td><td>Tubod, Silago So. Leyte</td><td>9670723610</td></tr><tr><td>TEOFANIE L. MALAKI</td><td>Holy Rosary Academy</td><td>9205138026</td></tr><tr><td>REV. FR. JOAH M. TIENGO</td><td>Holy Rosary Academy</td><td>9981503781</td></tr></tbody></table>	NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL	MARY D. ALMINE	Tubod, Silago So. Leyte	9670723610	TEOFANIE L. MALAKI	Holy Rosary Academy	9205138026	REV. FR. JOAH M. TIENGO	Holy Rosary Academy	9981503781	
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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 cases against me.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td><td rowspan="4"> Signature (Sign inside the box) 8/26/25 Date Accomplished</td><td rowspan="4"> PHOTO</td></tr><tr><td>Government Issued ID: PRC</td></tr><tr><td>ID/License/Passport No.: 1388874</td></tr><tr><td>Date/Place of Issuance: SEPTEMBER 24, 2021/DAVAO CITY</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	 Signature (Sign inside the box) 8/26/25 Date Accomplished	 PHOTO	Government Issued ID: PRC	ID/License/Passport No.: 1388874	Date/Place of Issuance: SEPTEMBER 24, 2021/DAVAO CITY							
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div>Person Administering Oath</div>													