

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. CSC ID No. (Do not fill up. For CSC use only.)

I. PERSONAL INFORMATION										
2. SURNAME		NEMENIO								
FIRST NAME		ANNA						NAME EXTENSION (JR., SR)		N/A
MIDDLE NAME		ELNAS								
3. DATE OF BIRTH (mm/dd/yyyy)		SEPTEMBER 27, 1998		16. CITIZENSHIP		<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:				
4. PLACE OF BIRTH		BAYBAY CITY, LEYTE		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		N/A N/A House/Block/Lot No. Street N/A COGON Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province				
7. HEIGHT (m)		1.49		ZIP CODE		6521				
8. WEIGHT (kg)		48		18. PERMANENT ADDRESS		N/A N/A House/Block/Lot No. Street N/A COGON Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province				
9. BLOOD TYPE		A+		ZIP CODE		6521				
10. GSIS ID NO.		N/A		19. TELEPHONE NO.		N/A				
11. PAG-IBIG ID NO.		N/A		20. MOBILE NO.		0925-500-3936				
12. PHILHEALTH NO.		130502082516		21. E-MAIL ADDRESS (if any)		annanemz27@gmail.com				
13. SSS NO.		06-4336932-8								
14. TIN NO.		373-597-754								
15. AGENCY EMPLOYEE NO.		N/A								

II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME		N/A				23. NAME OF CHILDREN (Write full name and list all)		DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME		N/A		NAME EXTENSION (JR., SR) N/A		N/A		N/A	
MIDDLE NAME		N/A				N/A		N/A	
OCCUPATION		N/A				N/A		N/A	
EMPLOYER/BUSINESS NAME		N/A				N/A		N/A	
BUSINESS ADDRESS		N/A				N/A		N/A	
TELEPHONE NO.		N/A							
24. FATHER'S SURNAME		NEMENIO							
FIRST NAME		ANDRES		JR					
MIDDLE NAME		DELA CERNA							
25. MOTHER'S MAIDEN NAME									
SURNAME		ELNAS							
FIRST NAME		RITA							
MIDDLE NAME		VALENCIA						(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		KILIM ELEMENTARY SCHOOL		PRIMARY EDUCATION		4/6/2007 8/4/2011		GRADUATED		2011		N/A	
SECONDARY		BAYBAY NATIONAL HIGH SCHOOL		HIGH SCHOOL		6/6/2011 03/27/2015		GRADUATED		2015		WITH HONOR	
VOCATIONAL / TRADE COURSE		N/A		N/A		N/A N/A		N/A		N/A		N/A	
COLLEGE		VISAYAS STATE UNIVERSITY		BACHELOR OF ELEMENTARY EDUCATION		1/6/2015 06/14/2019		GRADUATED		2019		N/A	
GRADUATE STUDIES		N/A		N/A		N/A N/A		N/A		N/A		N/A	

(Continue on separate sheet if necessary)									
SIGNATURE						DATE		FEBRUARY 7, 2023	

[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		DATE	FEBRUARY 7, 2023
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(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)
	READING BOOKS		N/A		VSU ALUMNI
	MICROSOFT OFFICE				
	INTERNET BROWSING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	FEBRUARY 7, 2023
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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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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>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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>ROSALINA D. QUILLA</td> <td>JOSE ABAD SANATOS STREET, ZONE 6, BAYBAY CITY, LEYTE</td> <td>0957-883-3396</td> </tr> <tr> <td>FLORIZA M. MORA</td> <td>BRGY. COGON BAYBAY CITY, LEYTE</td> <td>0997-527-6207</td> </tr> <tr> <td>SHARLENE P. MANAGBANAG</td> <td>A. BONIFACIO ST. BAYBAY CITY, LEYTE</td> <td>0953-350-5342</td> </tr> </tbody> </table> <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>		NAME	ADDRESS	TEL. NO.	ROSALINA D. QUILLA	JOSE ABAD SANATOS STREET, ZONE 6, BAYBAY CITY, LEYTE	0957-883-3396	FLORIZA M. MORA	BRGY. COGON BAYBAY CITY, LEYTE	0997-527-6207	SHARLENE P. MANAGBANAG	A. BONIFACIO ST. BAYBAY CITY, LEYTE	0953-350-5342
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<p>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; margin-top: 5px;">Person Administering Oath</p>													