

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	LABRADOR			
FIRST NAME	SHEKENA	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	URATE			
3. DATE OF BIRTH (mm/dd/yyyy)	07/29/1997	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	MUNTINLUPA 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:			
7. HEIGHT (m)	1.52	17. RESIDENTIAL ADDRESS	N/A	
8. WEIGHT (kg)	60		House/Block/Lot No.	Street
9. BLOOD TYPE	B+		N/A	UNION
10. GSIS ID NO.	N/A		Subdivision/Village	Barangay
11. PAG-IBIG ID NO.	121251792847		MAHAPLAG	LEYTE
12. PHILHEALTH NO.	210256617603	ZIP CODE	6512	
13. SSS NO.	0646027890	18. PERMANENT ADDRESS	N/A	
14. TIN NO.	390828329		House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.	N/A		N/A	UNION
16. CITIZENSHIP			Subdivision/Village	Barangay
17. RESIDENTIAL ADDRESS			MAHAPLAG	LEYTE
18. PERMANENT ADDRESS		ZIP CODE	6512	
19. TELEPHONE NO.	N/A	20. MOBILE NO.	09636408718	
21. E-MAIL ADDRESS (if any)	SHEKENALABRADOR@GMAIL.COM			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LABRADOR		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOEY	NAME EXTENSION (JR., SR) N/A	SHEIAN DEVINE URATE CASTRO	08/16/2015
MIDDLE NAME	MANGMANG		SHON JEO URATE LABRADOR	08/08/2024
OCCUPATION	SEAFARER			
EMPLOYER/BUSINESS NAME	EPSILON MARITIME SERVICES			
BUSINESS ADDRESS	128 LEVISTE ST. SALCEDO VILLAGE MAKATI CITY			
TELEPHONE NO.	+63 2 8813 8000			
24. FATHER'S SURNAME	URATE			
FIRST NAME	STEVEN	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	ARGONCILLO			
25. MOTHER'S MAIDEN NAME				
SURNAME	PICORRO			
FIRST NAME	SARAH			
MIDDLE NAME	MANAGBANAG			

(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	LA PAZ ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2009	GRADUATED	2009	ACADEMIC EXCELLENCE
SECONDARY	MAHAPLAG NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2013	GRADUATED	2013	BEST IN WEB DESIGN
VOCATIONAL / TRADE COURSE	Technical Education and Skills Development Authority	VISUAL GRAPHIC DESIGN	N/A	N/A	N/A	2019	
COLLEGE	ACCESS COMPUTER COLLEGE	ASSOCIATES DEGREE IN COMPUTER SCIENCE	2017	2019	GRADUATED	2019	ACADEMIC EXCELLENCE
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)


SIGNATURE		DATE	11/28/2024
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V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

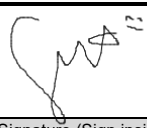
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SIGNATURE		DATE	11/28/2024
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	FARMERS ASSOCIATION	06/01/2023	PRESENT	N/A	SECRETARY	
	YOUTH FOR CHRIST	05/22/2024	PRESENT	N/A	MEMBER	
(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			
	MULTIPLE INCOME CREATING PROJECT (MIC-P)	06/05/2013	06/05/2014	N/A	TECHNICAL	LEOPALDO DOMINICO PETILLA
	BASIC PROGRAMMING COURSE OF INCOME CREATING OPPORTUNITIESTHRU TECHNOLOGY PROJECT CURRICULUM ON INFORMATION AND COMMUNICATION TECHNOLOGY (ICOTP-ICT)	06/20/2012	06/20/2013	N/A	TECHNICAL	MA. MIMIETTA S. BAULAYA
(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)	
	COMPUTER SKILLS	N/A			STUDENT SUPREME COUNCIL (2003 - 2009)	
	COMMUNICATION SKILLS					
	GARDENING					
	FLEXIBILITY					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	11/28/2024	

34.	Are you related by consanguinity or affinity to the appointing or recommending chief of bureau or office or to the person who has immediate supervision over you in 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 type="checkbox"/> YES <input checked="" 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); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please 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)	
	NAME	ADDRESS
	PEDRO DADULA BIAGCONG	POBLACION MAHAPLAG LEYTE
	ANJIE APILA PICORRO	UNION MAHAPLAG LEYTE
	CRISTY TURTOSA DE PAZ	SAN VICENTE MAHAPLAG LEYTE
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.	

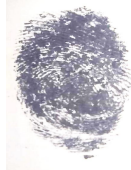
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	
PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	PASSPORT
ID/License/Passport No.:	P4513488C
Date/Place of Issuance:	TACLOBAN CITY




Signature (Sign inside the box)

11/28/2024

Date Accomplished



Right Thumbmark



PHOTO

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

Person Administering Oath