

## 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	SUGANOB		
FIRST NAME	FABIENNE ANN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	VILBAR		
3. DATE OF BIRTH (mm/dd/yyyy)	11/8/1998	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	Ormoc 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.65	17. RESIDENTIAL ADDRESS	301, Block 15 Philrads House/Block/Lot No. Street Liniao Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province ZIP CODE 6541
8. WEIGHT (kg)	54	18. PERMANENT ADDRESS	301, Block 15 Philrads House/Block/Lot No. Street Liniao Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province ZIP CODE 6541
9. BLOOD TYPE		19. TELEPHONE NO.	None
10. GSIS ID NO.	2005687875	20. MOBILE NO.	09083024336
11. PAG-IBIG ID NO.	121256603322	21. E-MAIL ADDRESS (if any)	<a href="mailto:fabienneannsuganob@gmail.com">fabienneannsuganob@gmail.com</a>
12. PHILHEALTH NO.	132507450427		
13. SSS NO.	3491730355		
14. TIN NO.	751356569		
15. AGENCY EMPLOYEE NO.			

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	SUGANOB			3/12/1964
FIRST NAME	JOSELITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TARIPE			
25. MOTHER'S MAIDEN NAME	VILBAR			8/1/1975
SURNAME	ROWENA			
FIRST NAME	CABAUG			
MIDDLE NAME				

(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	Liniao Central School	NA	6/1/2005	3/31/2011	Graduated	2011	Salutatorian
SECONDARY	New Ormoc City National High School	NA	6/1/2011	3/31/2015	Graduated	2015	None
VOCATIONAL / TRADE COURSE	NA	NA					
COLLEGE	Visayas State University	Bachelor of Science in Statistics	6/1/2015	6/14/2019	Graduated	2019	DOST-SEI/ Cum laude
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	0722/20	CS FORM 212 (Revised 2017), Page 1 of 4
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#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

<i>(Continue on separate sheet if necessary)</i>							
<b>SIGNATURE</b>				<b>DATE</b>	07/22/20		CS FORM 212 (Revised 2017), Page 2 of 4

## 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		
TEACH - Ormoc	2015	Present	2.0	Teacher

(Continue on separate sheet if necessary)

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


(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

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-Workshop on Open Data Kit (ODK)	3/1/2019	3/1/2019	5.0		VSU Department of Statistics
Comprehensive Community-Based Disaster Risk Reduction Management (CBDRRM)	7/28/2018	7/31/2019	32.0		Department of Science and Technology - Science Education Institute

(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)
Knows how to use statistical softwares (R, SPSS)	NA	

<i>(Continue on separate sheet if necessary)</i>		
<b>SIGNATURE</b>		<b>DATE</b>
		<b>07/22/20</b>
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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> <hr/> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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><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. Jacqueline M. Guarte</td> <td>Visca Baybay City, Leyte</td> <td>09164057852</td> </tr> <tr> <td>Dr. Norberto E. Milla</td> <td>Visca Baybay City, Leyte</td> <td>09358590890</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Jacqueline M. Guarte	Visca Baybay City, Leyte	09164057852	Dr. Norberto E. Milla	Visca Baybay City, Leyte	09358590890			
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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>													
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<p style="text-align: center;">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: 200px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													

FABIENCE ANN T. SUGANG

PHOTO

Right Thumbmark