

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	MAÑAGO			
FIRST NAME	SHEENA		NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	VERANO			
3. DATE OF BIRTH (mm/dd/yyyy)	06/27/2000	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"/> Other/s:	17. RESIDENTIAL ADDRESS	PUROK 6 N/A House/Block/Lot No. Street N/A JUATON Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province	
7. HEIGHT (m)	1.60	ZIP CODE		
8. WEIGHT (kg)	59			
9. BLOOD TYPE	O			
10. GSIS ID NO.	N/A			
11. PAG-IBIG ID NO.	1213-3016-3145	18. PERMANENT ADDRESS	PUROK 6 N/A House/Block/Lot No. Street N/A JUATON Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province	
12. PHILHEALTH NO.	N/A	ZIP CODE	6541	
13. SSS NO.	06-4683605-2	19. TELEPHONE NO.	N/A	
14. TIN NO.	N/A	20. MOBILE NO.	09816335681	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	iamshnamngo@gmail.com	

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
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MAÑAGO			
FIRST NAME	NORMAN	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	BULINGIT			
25. MOTHER'S MAIDEN NAME				
SURNAME	VERANO			
FIRST NAME	JULIETA			
MIDDLE NAME	LAURENTE		(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	SALVACION ELEMENTARY SCHOOL	PRIMARY EDUCATION	2007	2013	N/A	2013	8TH HONOR
SECONDARY	VALENCIA NATIONAL HIGH SCHOOL STI COLLEGE ORMOC	JUNIOR HIGH SCHOOL SENIOR HIGH SCHOOL (ICT)	2013 2017	2017 2019	N/A N/A	2017 2019	WITH HONOR 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	2019	2023	N/A	2023	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	09 OCTOBER 2024
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>Sneezing</i>	DATE	09 OCTOBER 2024
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	CIVIC WELFARE TRAINING SERVICE PROGRAM BARANGAY GABAS, BAYBAY CITY, LEYTE	02/29/2020	03/29/2020	20 HOURS	TUTORED ELEMENTARY STUDENTS IN WRITING, READING, AND DRAWING.
	COVID-19 RESPONSE PROGRAM BARANGAY JUATON, ORmoc CITY, LEYTE	11/08/2020	11/09/2020	16 HOURS	DISTRIBUTED HEALTHY HYGIENE KITS TO BARANGAY RESIDENCE.
	COMMUNITY OUTREACH PROGRAM, BARANGAY JUATON, ORmoc CITY, LEYTE	11/24/2020	11/24/2020	8 HOURS	DISTRIBUTED SCHOOL SUPPLIES (WIFI, FLASHDRIVE, BALLPEN, NOTEBOOK, PENCIL)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Participants	
8. Objectives	
9. Key Takeaways	
10. Action Items	
11. Feedback	
12. Other Comments	

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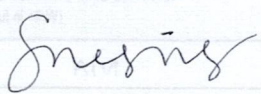
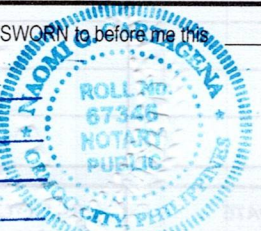
VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
TEACHING	N/A	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS
COMPUTER LITERATE		
EXCELLENT COMMUNICATION SKILLS		
STRONG ORGANIZATIONAL SKILLS		
PHOTOGRAPHY		
EDITING		
READING		

SIGNATURE	<i>Sneeging</i>	DATE	09 OCTOBER 2024
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09 OCTOBER 2024

<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: <u>I RESIGNED AT 51TALK BECAUSE OF CONFLICTING SCHEDULES</u></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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>GHECEL CHRIST M. DAGALEA</td> <td>ORMOC CITY</td> <td>09155375611</td> </tr> <tr> <td>MARIA LUNINGNING L. GALOS</td> <td>ORMOC CITY</td> <td>09924752504</td> </tr> <tr> <td>JEWEL P. TINAMPAY</td> <td>GUINDULMAN, BOHOL</td> <td>09703092040</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	GHECEL CHRIST M. DAGALEA	ORMOC CITY	09155375611	MARIA LUNINGNING L. GALOS	ORMOC CITY	09924752504	JEWEL P. TINAMPAY	GUINDULMAN, BOHOL	09703092040
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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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: <u>PRC ID</u></p> <p>ID/License/Passport No.: <u>2207994</u></p> <p>Date/Place of Issuance: <u>07/09/2024 / ORMOC CITY</u></p>	<p style="text-align: center;"></p> <p style="text-align: center;">Signature (Sign inside the box)</p> <p style="text-align: center;"><u>OCTOBER 09, 2024</u></p> <p style="text-align: center;">Date Accomplished</p>												
<p>SUBSCRIBED AND SWORN to before me this <u>OCT 09, 2024</u> at <u>ORMOC CITY, PHILIPPINES</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <p>Doc. No. <u>338</u></p> <p>Page No. <u>67</u></p> <p>Book No. <u>14</u></p> <p>Series of <u>2024</u></p>													
<p style="text-align: center;"></p> <p style="text-align: center;">Atty. NAOMIG CARIAYENA</p> <p style="text-align: center;">Notary Public for the City of Ormoc, Kanauga, Matag-ob, Merida and Isabel Leyte</p> <p style="text-align: center;">Notarial Commission No. ORM-22-12-031-NC</p> <p style="text-align: center;">Expiry Date Until December 31, 2024</p> <p style="text-align: center;">Roll of Attorney's No. 67346</p> <p style="text-align: center;">IBP Lifetime Member Roll No. 018417, 01/08/2018 O.R. No. 024412</p> <p style="text-align: center;">Person Administering Oath</p> <p style="text-align: center;">TIN: 186-764-940</p>													