

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	ALMANZOR		
FIRST NAME	MAEGAN LOU		NAME EXTENSION (JR., SR)
MIDDLE NAME	CAÑEDA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/16/1996	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	BASECO PORT AREA, METRO MANILA	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	986 REAL STREET House/Block/Lot No. Street STA. ROSA Subdivision/Village Barangay BARUGO LEYTE City/Municipality Province ZIP CODE 6519
7. HEIGHT (m)	149	18. PERMANENT ADDRESS	986 REAL STREET House/Block/Lot No. Street STA. ROSA Subdivision/Village Barangay BARUGO LEYTE City/Municipality Province ZIP CODE 6519
8. WEIGHT (kg)	39	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	O	20. MOBILE NO.	09356671524
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	amaeganlou@yahoo.com
11. PAG-IBIG ID NO.	1212-0033-9445		
12. PHILHEALTH NO.	0805-14732055		
13. SSS NO.	34-6800962-4		
14. TIN NO.	337831889		
15. AGENCY EMPLOYEE NO.	LVD-LIB000120		

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	ALMANZOR			
FIRST NAME	RONNIE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BAGASBAS			
25. MOTHER'S MAIDEN NAME	MARIA LORNA ARPON CAÑEDA			
SURNAME	ALMANZOR			
FIRST NAME	MARIA LORNA			
MIDDLE NAME	CAÑEDA			

(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	STA. ROSA ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2009	GRADUATED	2009	WITH HONOR
SECONDARY	STA. ROSA NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2013	GRADUATED	2013	WITH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF LIBRARY AND INFORMATION SCIENCE	2013	2017	GRADUATED	2017	ALAY -LAKAD SCHOLASHIP PROGRAM
GRADUATE STUDIES	CEBU NORMAL UNIVERSITY	MASTER OF LIBRARY AND INFORMATION SCIENCE	2020	PRESENT	ONGOING	ONGOING	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 12, 2021
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[illegible]

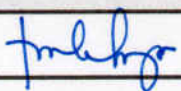
V. WORK EXPERIENCE

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


(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	May 12, 2021
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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			
	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						
(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			
	LIBRARIES AS CATALYSTS IN THE NEW NORMAL ENVIRONMENT: CHANGES, REFORM, TRANSFORMATIONS	11/24/2020	11/27/2020	20 HOURS	MANAGERIAL	PHILIPPINE LIBRARIANS ASSOCIATION, INC. (PLAI) IN PARTNERSHIP WITH THE NATIONAL COMMISSION FOR CULTURE AND THE ARTS (NCCA) THROUGH THE NATIONAL COMMITTEE ON LIBRARIES AND INFORMATION SERVICES (NCLIS) AND NATIONAL LIBRARY OF THE PHILIPPINES (NLP)
	LIBRARIANS TAKE OFF TO IN THE NEW NORMAL	7/29/2020	7/30/2020	10 HOURS	SUPERVISORY	THE PHILIPPINE LIBRARIANS ASSOCIATION - CORDILLERA ADMINISTRATIVE REGION LIBRARIANS COUNCIL (PLAI-CARLC) IN PARTNERSHIP WITH CE-LOGIC, INC.
	SURVIVE AND THRIVE: REINVENTING LIBRARY SERVICES DURING PANDEMIC	7/24/2020	7/24/2020	4 HOURS	MANAGERIAL	PHILIPPINE LIBRARIANS ASSOCIATION, INC. - SOUTHERN TAGALOG REGION LIBRARIANS COUNCIL IN PARTNERSHIP WITH CE-LOGIC, INC.
	STAYING CONNECTED: COMMUNICATING WITH LIBRARY USERS AMID THE PANDEMIC	7/4/2020	7/4/2020	1 HOUR AND 30 MINUTES	MANAGERIAL	POLYTECHNIC UNIVERSITY OF THE PHILIPPINES LIBRARY SCIENCE ALUMNI ASSOCIATION, INC.
	RESPONDING TO NEW NORMAL ENVIRONMENT OR PANDEMIC: KEEPING YOUR STAFF, PATRONS AND FACILITIES SAFE	6/26/2020	6/26/2020	4 HOURS	SUPERVISORY	PHILIPPINE LIBRARIANS ASSOCIATION, INC. - NEGROS ISLAND REGION LIBRARIANS COUNCIL IN PARTNERSHIP WITH CE-LOGIC, INC.
	TRANSFORMING CHALLENGES TO OPPORTUNITIES LEADING LIBRARIES IN TIMES OF CRISIS: TRANSFORMING CHALLENGES TO OPPORTUNITIES	6/24/2020	6/24/2020	7 HOURS	MANAGERIAL	THE PHILIPPINE ASSOCIATION OF ACADEMIC/RESEARCH LIBRARIANS, INC. (PAARL) IN PARTNERSHIP WITH EBSCO
	ON THE JOB TRAINING COURSE IN BLIS PROGRAM HELD AT THE UNIVERSITY OF SAN CARLOS - SOUTH CAMPUS LIBRARY	1/26/2017	2/8/2017	100 HOURS	TECHNICAL	UNIVERSITY OF SAN CARLOS AND LEYTE NORMAL UNIVERSITY
	SEMINAR-WORKSHOP ON LIBRARY TRENDS AS INFORMATION RESOURCE IN GLOBALIZATION	10/26/2016	10/28/2016	24 HOURS	TECHNICAL	PHILIPPINE LIBRARIANS ASSOCIATION, INC. - EASTERN VISAYAS REGION LIBRARIAN COUNCIL (EVRLC) IN COLLABORATION WITH LEYTE NORMAL UNIVERSITY LIBRARY DEPARTMENT
	PLAI-EVRLC GENERAL ASSEMBLY AND LECTURE-FORUM ON MEASURING THE QUALITY OF LIBRARY SERVICES	5/20/2016	5/20/2016	8 HOURS	MANAGERIAL	PHILIPPINE LIBRARIANS ASSOCIATION, INC. - EASTERN VISAYAS REGION LIBRARIAN COUNCIL (EVRLC)
(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)	
	ONLINE GAMING	N/A			PHILIPPINE LIBRARIAN ASSOCIATION, INC. - EASTERN VISAYAS REGION LIBRARIANS	
	COMPUTER LITERATE (MICROSOFT OFFICE, INTERNET RESEARCH, LEARNING LIBRARY UPDATED TECHNOLOGIES, ETC.)					
	COMMUNICATION AND INTERPERSONAL SKILLS (BOOK SELECTION, CIRCULATION SERVICES, ETC.)					
	LIBRARY MANAGEMENT SKILLS (ACQUISITION, CATALOGING OPERATIONS, COLLECTION DEVELOPMENT, ETC.)					
	ANALYTICAL THINKING SKILLS (LIBRARY POLICY DEVELOPMENT, EVALUATING LIBRARY SERVICES, ETC.)					
	CUSTOMER SERVICE SKILLS (RESEARCH ASSISTANCE, CATALOG AND DATABASE RESEARCH, SEARCHING OPAC, ETC.)					
(Continue on separate sheet if necessary)						
SIGNATURE					DATE	May 12, 2021

<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">RESIGNATION</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>CAMILLE ROSE M. DAÑO</td> <td>TACLOBAN CITY, LEYTE</td> <td>9973922058</td> </tr> <tr> <td>CORNELIA C. TORBELES</td> <td>TACLOBAN CITY, LEYTE</td> <td>9156518049</td> </tr> <tr> <td>ANGELICA D. CAGARA</td> <td>TACLOBAN CITY, LEYTE</td> <td>9165165078</td> </tr> </tbody> </table>			NAME	ADDRESS	TEL. NO.	CAMILLE ROSE M. DAÑO	TACLOBAN CITY, LEYTE	9973922058	CORNELIA C. TORBELES	TACLOBAN CITY, LEYTE	9156518049	ANGELICA D. CAGARA	TACLOBAN CITY, LEYTE	9165165078	 <p>MAEGAN LOU C. ALMANZOR</p>
NAME	ADDRESS	TEL. NO.													
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ANGELICA D. CAGARA	TACLOBAN CITY, LEYTE	9165165078													
<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: PRC</p> <p>ID/License/Passport No.: 0008747</p> <p>Date/Place of Issuance: OCTOBER 17, 2017 / MANILA</p>	 <p>Signature (Sign inside the box)</p> <hr/> <p>Date Accomplished</p>	 <p>Right Thumbmark</p>
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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; height: 60px; margin: 10px auto; width: 300px;"></div> <p style="text-align: center;">Person Administering Oath</p>	
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