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 i	if not applicable. DO NOT ABBF	REVIATE.		1. CS ID No.		(Do not fill up.	For CSC use only
I. PERSONAL INFORMATION	V							
2. SURNAME	BALBARINO							
FIRST NAME	ELVIE					N/A		
MIDDLE NAME	DUMAGUING							
DATE OF BIRTH (mm/dd/yyyy)	3-8-1997	16. CITIZENSHIP		FILIPINO)	
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citize	nship,	Pls. indicate			country:	
5. SEX	FEMALE	please indicate the de	etails.					
6 CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS		/DI 1/1 (N			0/ /	
				se/Block/Lot No			Street SABANG	
7. HEIGHT (m)	149			bdivision/Village BAYBAY CITY	9		Barangay LEYTE	
	43	ZIP CODE	Ci	ity/Municipality		6521	Province	
8. WEIGHT (kg)		18. PERMANENT ADDRESS				0321		
9. BLOOD TYPE	0+	10.1 ENWANENT ADDITES	Hou	se/Block/Lot No	0.		Street	
10. GSIS ID NO.	N/A		Sul	bdivision/Village	9		SABANG Barangay	
11. PAG-IBIG ID NO.	121237865817		Ci	BAYBAY ity/Municipality	CITY		LEYTE Province	
12. PHILHEALTH NO.	13-025513087-1	ZIP CODE		6521				
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A					
14. TIN NO.	731-111-046	20. MOBILE NO.	09199318133					
15. AGENCY EMPLOYEE NO.	T15352991	21. E-MAIL ADDRESS (if any)	elviebalbarino@io	cloud.com				
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of CHI	LDREN (Write	full name and	list all)	DATE OF BIR	TH (mm/dd/yyyy)
FIRST NAME	N/A	N/A			N/A		N	I/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	BALBARINO							
FIRST NAME	EDGARDO	NAME EXTENSION (JR., SR)						
MIDDLE NAME	URBONA							
25. MOTHER'S MAIDEN NAME								
SURNAME	DUMAGUING							
FIRST NAME	ANABELLE							
MIDDLE NAME	RUBITE			(C	ontinue on se	parate sheet if neces	sary)	
III. EDUCATIONAL BACKGF	ROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	BAYBAY NORTH CENTRAL SCHOOL			06-07-2004	03-27-2009		2009	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL			06-06-2011	03-29-2013		2013	N/A
VOCATIONAL / VOCATIONAL / NAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE TRADE	VISAYAS STATE UNIVERSITY	BACHELOR OF ARTS IN ENGL	SH LANGUAGE	01-09-2017	06-15-2018		2018	N/A
		1		1	1			l

GRADUATE STUDIES	N/A						
(Continue on separate sheet if necessary)							

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	ERVICE ELIGI	(BOARD/ BAR) UNDER SPECIAL						LICENSE (if ap	plicable)
LAWS/ CE	S/ CSEE	BARANGAY RIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	RMENT	NUMBER	Date of
LICENSI		ION FOR TEACHERS	76.6	3-27-2022		I/A		TACLOBAN	Validity N/A
LICENSU	KE EAAWIINA I	ION FOR TEACHERS	70.0	3-21-2022	יו	I/A		CITY	N/A
			(0	Continue on separate sheet i	f necessary)				
	XPERIENCE	nt. Start from your recent	work) Description	n of duties should he i	ndicated in the attached	Work Exper	ience sheet		
	JSIVE DATES						SALARY/ JOB/ PAY GRADE (if		GOVT
	m/dd/yyyy)	POSITION TI (Write in full/Do not a			NCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVICE (Y/N)
From	To DDECENT	OFFICE OT	CC	CI OMICH COOM	TICS MANUFACTURING	7500	INCREMENT		
07/04/2022	PRESENT 06/09/2022	OFFICE STA		GLOWISH COSME	N/A	7500 10000		FULL TIME	NO NO
4-01-2021	06-13-2021	Office Staff/Se		KER M	ARKETING	10000.00		PART TIME	NO
6-15-2020	10-18-2020	TUTOR		I I D IV	N/A	5000.00		PART TIME	NO
-8-2019	2-1-2020	SECRETARY			WYER'S OFFICE F LIBERAL ARTS AND	10000.00		PART TIME	NO
-8-2018	12-11-2018	PART TIME TE	ACHER		RAL SCIENCES	10000.00		JOB ORDER	NO
				+			1		
				1					
						<u> </u>			

	(Co	ntinue on separate sheet i	f necessary)		
SIGNATURE	100		DATE	JULY 12, 2022	

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VI. V	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		
		From	To				
N/A		N/A	N/A	N/A	N/A		

NING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR e most recent L&D/training program and include only the relevant L&D/training taken fo	ROGRAMS AT	TENDED			
e most recent L&D/training program and include only the relevant L&D/training taken for					
3, 3	r the last five (5) y	ears for Division C	hief/Executive/Manag	erial positions)	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTI	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD (Managerial/ Supervisory/	
	From	То		recrificate(c)	
NSETIVITY TRAINING AND ANTI SEXUAL HARASSMENT ORRIENTATION	9-14-2018	9-14-2018	8.0		VISAYAS ST
LISHING ORRIENTATION	7-26-2018	7-27-2018	12.0		VISAYAS ST
EKING SEMINAR	5-28-2018	5-28-2018	8.0		VISAYAS ST
M PRODUCTION WORKSHOP	10-12-2017	10-13-2017	16.0		VISAYAS ST
STRATEGIES SEMINAR	10-1-2016	10-1-2016	8.0		RIZAL TECH
AR	9-30-2016	9-13-2016	4.0		RIZAL TECH
CALLED CHANGE SEMINAR	2-17-2016	2-17-2016	8.0		RIZAL TECH
1	(Write in full) NSETIVITY TRAINING AND ANTI SEXUAL HARASSMENT ORRIENTATION LISHING ORRIENTATION EKING SEMINAR M PRODUCTION WORKSHOP TRATEGIES SEMINAR JR	(Write in full) From	(Write in full) From To	NSETIVITY TRAINING AND ANTI SEXUAL HARASSMENT ORRIENTATION 9-14-2018 9-14-2018 8.0	ATTENDANCE

				1			
	(Con	tinue on separate	sheet if necessary)			
III. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33.	MEM
READING MONTEVERDE ELEMENTARY SCHOOL COMMUNITY OUTREACH PROGRAM					OGRAM		
DANCING							
SURFING							
WRITING POETRY							
	(Con	tinue on separate	sheet if necessary,)			
SIGNATURE				Di	A <i>TE</i>	7//20	022

CONDUCTED/ SPONSORED BY (Write in full)
TATE UNIVERSITY
TATE UNIVERSITY
TATE UNIVERSITY
TATE UNIVERSITY
INOLOGICAL UNIVERSITY
INOLOGICAL UNIVERSITY
INOLOGICAL UNIVERSITY

N/NATURE OF WORK

BERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A

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34.	Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate s Bureau or Department where you will be apppointed, a. within the third degree?							
	b. within the fourth degree (for Local Government Unit - Caree	er Employees)?	If YES, give detail	ls:				
35.	a. Have you ever been found guilty of any administrative offer	nse?	-					
			If YES, give detail	is:				
	b. Have you been criminally charged before any court?			If YES, give details: Date Filed: Status of Case/s:				
36.	36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?			ls:				
37.	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?			ls:				
38.	a. Have you ever been a candidate in a national or local elect Barangay election)?	ion held within the last year (except	If YES, give deta	ails:				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local c	andidate?	If YES, give details:					
39.	39. Have you acquired the status of an immigrant or permanent resident of another country?			If YES, give details (country):				
40. a.	O. 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: Are you a member of any indigenous group?							
h	Assessment of the Alice belief		If YES, please specif	iy:				
b. c.			If YES, please specif	fy ID No:				
	Are you a solo parent?		If YES, please specif	fy ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)						
	NAME	ADDRESS	TEL. NO.					
	GILBERT LOMOCSO	POMPONAN, BAYBAY CITY LEYTE	9168683225					
	MARVIN BAAY	UTOD, BAYBAY CITY LEYTE	9551326998					
	REA DIAZ	CANDADAM, BAYBAY CITY LEYTE	9270361052					
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represer agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ent laws, rules and regulations of the native to verify/validate the contents state	Republic of the ed herein.	РНОТО				
P	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance							
H	overnment Issued ID: TIN							
ID	/License/Passport No.: 731-111-046	Signature (Sign inside the bi	ox)					
Da	tte/Place of Issuance: 10-03-18/ ORMOC CITY	Date Accomplished		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued	government ID as indicated above.				
		Person Administering Oat	h					
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