

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	MARINAY		
FIRST NAME	ALFE MAE ANN		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	EVANGELISTA		
3. DATE OF BIRTH (mm/dd/yyyy)	5/4/1998	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	BAYBAY LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	SITIO PIKAS Street BRGY. GAAS Barangay BAYBAY City/Municipality LEYTE Province 6521
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:	18. PERMANENT ADDRESS	
7. HEIGHT (m)	1.52	19. TELEPHONE NO.	
8. WEIGHT (kg)	40	20. MOBILE NO.	
9. BLOOD TYPE	---	21. E-MAIL ADDRESS (if any)	alfemaeannmarinay@gmail.com
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121230824441		
12. PHILHEALTH NO.	13-250365216-5		
13. SSS NO.	06-4149299-6		
14. TIN NO.	730-905-353		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

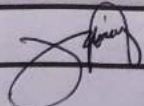
22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MARINAY			
FIRST NAME	ALBERTO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SABUCIDO			
25. MOTHER'S MAIDEN NAME	EVANGELISTA			
SURNAME	MARIA FE			
FIRST NAME	BALATE			
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	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION & BARANGAY GAAS ELEMENTARY SCHOOL	GRADE 1 TO GRADE 4 & GRADE 5 TO GRADE 6	2004	2010	N/A	2010	1ST HONORABLE MENTION
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	FIRST YEAR HIGH SCHOOL - FOURTH YEAR HIGH SCHOOL	2010	2014	N/A	2014	SALUTATORIAN & EXCELLENCE IN SCIENCE AWARD
VOCATIONAL / TRADE COURSE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BARTENDING	2016	2016	NATIONAL CERTIFICATE II	N/A	N/A
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	Bachelor of Science in Business Administration major in Human Resource Development and Management	2014	2018	N/A	2018	ACADEMIC SCHOLARSHIP
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE
	Nov. 02, 2021

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/
CES/ CSEE
BARANGAY ELIGIBILITY
/ DRIVER'S LICENSE

RATING
(If Applicable)

DATE OF
EXAMINATION /
CONFERMENT

PLACE OF EXAMINATION / CONFERMENT

LICENSE (if applicable)

NUMBER

Date of
ValidityCIVIL SERVICE ELIGIBILITY EXAMINATION
(PROFESSIONAL)

81.15

03/18/2018

New Ormoc City National High School

N/A

N/A

(Continue on separate sheet if necessary)

28

INCLUSIVE DATES (mm/dd/yyyy)

POSITION TITLE
(Write in full/Do not abbreviate)

DEPARTMENT / AGENCY / OFFICE / COMPANY
(Write in full/Do not abbreviate)

MONTHLY SALARY

SALARY/ JOB/ PAY
GRADE (if
applicable)& STEP
(Format "00-0")
INCREMENT

STATUS OF
APPOINTMENT

GOVT
SERVICE
(Y/N)

From

To

7/10/2019

PRESENT

**CLERK & DEPUTY DOCUMENTS AND
RECORDS CONTROLLER**

**VISAYAS STATE
UNIVERSITY**

12.000,00

N/A

**JOB
ORDER**

Y

07/16/2018

09/30/2019

ACCOUNTING STAFF

**LOCAL GOVERNMENT
UNIT BAYBAY**

7.000,00

N/A

JOB ORDER

Y

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

November 02, 2021

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)

(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


[illegible]

(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 Literate	N/A	N/A
Accounting Skills		
Mathematical Skills		
Analytical and Organizational skills		
Multi-tasking		
Time Management		
Playing Chess (hobby)		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	November 02, 2021
-----------	---	------	-------------------

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,
a. within the third degree?
b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES ☒ NO
☐ YES ☒ 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?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ NO
If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ 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 answer the following items:
a. Are you a member of any indigenous group?
b. Are you a person with disability?
c. Are you a solo parent?

☐ YES ☒ NO
If YES, please specify: _____
☐ YES ☒ NO
If YES, please specify ID No: _____
☐ YES ☒ NO
If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
JEJOMA SABALONES	LGU, CITY ACCOUNTANT'S OFFICE BAYBAY	-
TESSIE SALUBRE	LGU, CITY ACCOUNTANT'S OFFICE OFFICE BAYBAY	09164419725
JAY RYAN AUSTERO	LGU, CITY ACCOUNTANT'S OFFICE OFFICE BAYBAY	-

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: **Tax Identification Number**

ID/License/Passport No.: **730-905-353**

Date/Place of Issuance: **BIR, Ormoc City**

Signature (Sign inside the box)

NOVEMBER 02, 2021
Date Accomplished



SUBSCRIBED AND SWORN to before me this

NOV 02 2021

, affiant exhibiting his/her validly issued government ID as indicated above.

Doc. No. 135
Page No. 8
Book No. 111
Series of 20 2

ATTY. EDEN B. CHAVEZ-RUTAWAN
Notary Public for Province of Leyte, City of Baybay
N.C No. B-19-01-04, February 6, 2019
Until December 31, 2020
(Extended Until December 31, 2021)-B.M. 3795
Person Administering Oath

PTB No. PL5048349-12/07/20
IDP No. 134494-12/11/20
TIN No. 207-628-029
Roll No. 42391

MCLE Compliance No. VI-001111