PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling of administrative/criminal case/s against the person concerned.

I. PERSONAL INFORMATI	es () and use separate sheet if necessary. Indicate	INVA IT NOT APPLICABLE. DO NOT AB	BKEVIATE.		1. CS ID No.		(Do not fill up	p. For CSC use		
2. SURNAME	LLERA				100					
FIRST NAME	MA. CLAUDINE 1			NAME EXTENSION (JR., SR)						
MIDDLE NAME	LAGUNERD									
3. DATE OF BIRTH		16. CITIZENSHIP		1_						
(mm/dd/yyyy)	DOURS OF INTHE			Filip	ino L	☐ Dual Citizenship☐ Dual Citizenship☐ Dipy birth	Dby natura	lization		
4. PLACE OF BIRTH	BAIL CITY	If holder of dual citizen	ship,			Pls. indicate		izacion		
5. SEX	☐ Male	please indicate the det	tails.							
6 CML STATUS	☑Single ☐ Married	17. RESIDENTIAL ADDRESS								
	☐ Widowed ☐ Separated ☐ Other/s:		House/Block/Lot No. Street				Street	N TTAN		
7. HEIGHT (m)				Subdivision/Villa			LAPNT Barangay			
	53		•	BA BA City/Municipalit	7 011		Province	JE _		
8. WEIGHT (kg)	41	ZIP CODE				पारा				
9. BLOOD TYPE	A [†]	18. PERMANENT ADDRESS	He	ouse/Block/Lot l	No.		Street			
10. GSIS ID NO.	HONE		S	ubdivision/Villa	ge	}	HUAP N	MAN		
11. PAG-IBIG ID NO.	9 2124534 9393			BA-1 BA City/Municipality	4		CITY			
12. PHILHEALTH NO.	12-252156554-1	ZIP CODE		Orty/municipunt		पारा	Province			
13. SSS NO.	NONE	19. TELEPHONE NO.		Hou						
4. TIN NO.	769 254 934	20. MOBILE NO.	Darzarass None							
5. AGENCY EMPLOYEE NO.	14124 104	21. E-MAIL ADDRESS (if any)	09	19000	(ear)	88				
I. FAMILY BACKGROUND		21. E-MAIL ADDRESS (If any)								
2. SPOUSE'S SURNAME			23 NAME of C	HILDREN (Write	e full name and	liet all\	DATE OF BE	RTH (mm/dd/yy		
FIRST NAME		NAME EXTENSION (JR., SR)	S. NAME OF CI	HEONEIV (VVIII)	e fuil hairie and	list dii)	DATE OF BIR	tin (mm/od/yy		
MIDDLE NAME							-			
OCCUPATION	100.00									
EMPLOYER/BUSINESS NAME	N/A		1	1/1			N/	4		
BUSINESS ADDRESS			-	//>		No. of the Contract of the Con	111	, ·		
TELEPHONE NO.										
24. FATHER'S SURNAME	LLERA									
FIRST NAME	RICARDO	NAME EXTENSION (JR., SR)								
MIDDLE NAME	CALIDGUID	A control of the cont								
5, MOTHER'S MAIDEN NAME			-							
SURNAME	LAGUNERO									
FIRST NAME	LORNA									
MIDDLE NAME	MAGHLSD			(C	ontinue on sej	parate sheet if neces	sary)			
IL EDUCATIONAL BACKG						A CHEST CONTRACT				
6. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGREE/	COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR	SCHOLARSH		
	(Write in full)	(Write in full)		From	То	(if not graduated)	GRADUATED	HONORS RECEIVED		
ELEMENTARY	CAMBA-JUNGON	PHIMARY EDUCA	Total	BUNE	MAPCH		200%	SED		
SECONDARY	TAGPO NATIONAL			JUNE JUNE	200 %		200	House		
	HIGH SCHOOL	HIGH SCHU	or_	2008			2013	NONE		
VOCATIONAL / TRADE COURSE					1,7					
COLLEGE	VISAYAS CTATE UNIVERSIT	Y BACHELOR OF	SCIENC				2018	MON		
ODADUATE OT IDEC	VISCA BAJBAY CITY, VETTE	IN AGRICULTUR	٠٠	3017	2016		~18	, ,		
GRADUATE STUDIES										
CIGNATURE		Continue on separate sheet if necess	ary)	l	75					
SIGNATURE	Char.			UA	TE	02/14	12022			

77. 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 EXAMINA	ATION / CONFER	RMENT	NUMBER	Date o Validity
N/A		N/A	N/\$	'n,	/ _A		N ₄	137
. WORK EXPERIENCE include private employment including inclusive DATES (mm/dd/yyy)	. Start from your recen	t work) Description			ched Work E	SALARY/ JOB/ PAY GRADE (if	ot.	gov
From To	(Write in full/Do not	abbreviate)	(Write in full/Do	not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVIC (Y/N)
01 2000 04/30/2021	, RESEACH A	LESISTAUT	PHIL. RUDT C	irops biay city, vey	99: VXO.0)	4.0	YE
9 01 /2020 09 /30/202	o ENUMER,	ATOR		CTATISTICS (PSA)	STREET, STREET	>	4.0	450
		eret.						
	1 244							
	N. 200 C. T. C.					•		
1 1								

29. NAME & ADDRESS OF ORGANIZATION	INCLUSIVE DATES (mm/dd/yyyy)		Name of the second		DOSITION / NATI IDE OF MODE	
(Write in full)	From	To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
M/A	11/4	N/A	1/4		11/1	
AL LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
FARMERIC .FIELD COHURL (FFC)	From To 01 106/2020 03/23/2		2020 7.2.0	Technical/etc)		
PRODUCTION OF HIGH QUALITY INERFED RICE	O I We Zu	0 03/23/3	420 74.		DEPENETMENT OF AGRICU	
INERFED RICE						
	+ -					
				Alle Sala		
					is in the second	
	-					
	(Continue on separate :	sheet if necessary	0			
/III. OTHER INFORMATION	NON ASSESSMENT DISTRI	IOTIONO I DEGO	NITON.		MEMPERCHIR IN ACCOUNTION OR CANTATIO	
31. SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC DISTIN (Write	in full)	MITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)	
ENCODING						
Singin G Readin G						
	Continue on separate	sheet if necessar	1			
SIGNATURE	X			TE	02/1/2022	

Are you related by consanguinity or affinity to the appointing or re						
chief of bureau or office or to the person who has immediate sup Bureau or Department where you will be apppointed,	ervision over you in the Office,	-				
a. within the third degree?		YES NO				
b. within the fourth degree (for Local Government Unit - Career E						
b. within the fourth degree (for Local Government Offic - Caleer E	improyees):	☐ YES				
		II 123, give details.				
a. Have you ever been found guilty of any administrative offense	?	□YES W NO				
		If YES, give details:				
h. Usus yay haan ariminally sharmed before any asy 40		□YES ☑NO				
b. Have you been criminally charged before any court?		If YES, give details:				
		Date Filed:				
		Status of Case/s:				
Have you ever been convicted of any crime or violation of any law	w, decree, ordinance or regulation by	☐YES ☑NO				
any court or tribunal?		If YES, give details:				
Have you ever been separated from the service in any of the follo	owing modes: resignation, retirement,	☐YES MNO				
dropped from the rolls, dismissal, termination, end of term, finished	ed contract or phased out (abolition)	If YES, give details:				
in the public or private sector?						
a. Have you ever been a candidate in a national or local election Barangay election)?	held within the last year (except	□YES ☑NO				
balangay election)!		If YES, give details:				
b. Have you resigned from the government service during the three		☐YES ☑NO				
election to promote/actively campaign for a national or local cand	idate?	If YES, give details:				
Have you acquired the status of an immigrant or permanent resid	ent of another country?	☐YES ☑NO				
		If YES, give details (country):				
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna C and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answ 						
	ver the following items.					
Are you a member of any indigenous group?		☐ YES				
Are you a person with disability?		□YES ☑NO				
		If YES, please specify ID No:				
Are you a solo parent?						
		If YES, please specify ID No:				
REFERENCES (Person not related by consanguinity or affinity to applicant /app	ointee)					
NAME	ADDRESS	TEL. NO.				
JUCTIME BENNETTE H. MILLADO	NEM	0943344666				
ELVIRA L. OCLARIT	Vsu	V949 9347733	-			
		- 111 101100				
	D		1			
I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent I						
Philippines. I authorize the agency head/authorized representati						
agree that any misrepresentation made in this document	t and its attachments shall caus	e the filing of				
administrative/criminal case/s against me.						
Covernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		a pillon				
PLEASE INDICATE ID Number and Date of Issuance						
Sovernment Issued ID: PHILIBALH	Charles,					
D/License/Passport No.:	ox)					
Date/Place of Issuance:	Date Accomplished	Right Thun	nhmark			
	Date Accomplished	Right Thur	nomark			
SUBSCRIBED AND SWORN to before me this	affiant exhib	iting his/her validly issued government ID as indica	ated above			
- Sectional Fire Street, to Select His till	, aman exilic	government to an induce				
	Porson Administering Oct					