## 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

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) 2 SURNAME **AMARILLO** FIRST NAME ANALISA MIDDLE NAME PESCADERO 3. DATE OF BIRTH 16. CITIZENSHIP 12/14/1998 **✓** Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH JAVIER, LEYTE If holder of dual citizenship. Pls. indicate country: please indicate the details. Male 5 SEX ✓ Female ✓ Single PUROK 3 Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS Widowed House/Block/Lot No. Street Separated GARAS Other/s: Subdivision/Village Barangay LEYTE 7. HEIGHT (m) 1.47 City/Municipality Province 8. WEIGHT (kg) 46.2 ZIP CODE 6521 18 PERMANENT ADDRESS PUROK 6 9. BLOOD TYPE B House/Block/Lot No BINULHO 10 GSIS ID NO N/A Subdivision/Village Barangay JAVIER LEYTE 11, PAG-IBIG ID NO. 1212-7790-9416 City/Municipality 12. PHILHEALTH NO. 13-250586779-7 ZIP CODE 6511 13 SSS NO N/A 19. TELEPHONE NO. 14. TIN NO. 775-359-435-00000 20 MOBILE NO 0950-373-2838/0910-045-4721 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) 14analisaamarillo@gmail.com FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR LIAN DENISSE AMARILLO FERNANDEZ FIRST NAME N/A 07/14/2019 MIDDLE NAME N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A TELEPHONE NO N/A 24. FATHER'S SURNAME AMARILLO FIRST NAME ALFREDO MIDDLE NAME OMPOD 25. MOTHER'S MAIDEN NAME SURNAME PESCADERO FIRST NAME SUSANA MIDDLE NAME RISMANOS (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL/ UNITS EARNED PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC LEVEL (Write in full) (Write in full) GRADUATED HONORS RECEIVED From To ELEMENTARY BINULHO ELEMENTARY SCHOOL ELEMENTARY GRADUATE 2005 2011 WITH HONOR 2011 N/A SECONDARY JAVIER NATIONAL HIGH SCHOOL HIGH SCHOOL GRADUATE 2011 2015 WITH HONOR 2015 N/A VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE VISAYAN COLLEGE VISAYAS STATE UNIVERSITY-MAIN CAMPUS BS IN AGRICULTURE 2015 2019 N/A 2019 ASSOC IN ALICTOALIA **GRADUATE STUDIES** N/A N/A N/A N/A N/A N/A N/A SIGNATURE DATE MAY 23 2022

Martin Committee	ERVICE ELIGI							Liberra	and the same
			RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFE	RMENT	LICENSE (if applicable)	
			(If Applicable)	CONFERMENT	P DAGE OF EXAMINA	SH SCHOOL/ TACLOBAN		NUMBER 0038192	Date of Validity 12/14/202
				NOVEMBER 9-11, 2021					
						693			
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	XPERIENCE			ontinue on separate sheet					
		t. Start from your recen	t work) Descripti	on of duties should	be indicated in the attach	ned Work E	_	et.	
3. INCLUSIVE DATES (mm/dd/yyyy) POSITION TIT (Write in full/Do not all			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/JOB/PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/ N)	
From ANUARY 11,	То					CT 5.7-17	INCREMENT		
021	PRESENT	INFORMATION DESK OFFICER		VISAYAS STATE	UNIVERSITY HOSPITAL	12, 000	N/A	JOB ORDER	Y
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SIGNATURE		100	(Continue on separate sheet if necessary)  DATE			MAY 23, 2022			

VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNMENT /	PEOPLE / VO	LUNTARY O	RGANIZATION	VS.		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A		N/A	N/A	N/A	N/A	3	
		tinue on separate :		y)			
VII. LEARNING AND DEVELOPMENT (L&D) I	INTERVENTIONS/TRAINING PR	The same of the same of	the latest designation of the latest designa				
30. TITLE OF LEARNING AND DEVELOPMENT INTE (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)		
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VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON	I-ACADEMIC DISTII (Writ	NCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COMPUTER SKILLS		N/A	١			N/A	
	y (Coa	dinue on separate	sheet if necessar	y)			
SIGNATURE	AN			D	ATE	MAY 23, 2022	
		)				CS FORM 212 (Revised 2017), Page 3 of 4	

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed,				
a. within the third degree?     b. within the fourth degree (for Local Government Unit - Card	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:			
35. a. Have you ever been found guilty of any administrative off	YES NO If YES, give details:			
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details:  Date Filed: Status of Case/s:			
36. Have you ever been convicted of any crime or violation of a any court or tribunal?	☐ YES ☑ NO If YES, give details:			
37. Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, from the public or private sector?	☐ YES ☑ NO If YES, give details:			
38. a. Have you ever been a candidate in a national or local ele Barangay election)?	A. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?			
<ul> <li>b. Have you resigned from the government service during the election to promote/actively campaign for a national or local</li> </ul>	☐ YES ☑ NO If YES, give details:			
39. Have you acquired the status of an immigrant or permanent	lave you acquired the status of an immigrant or permanent resident of another country?			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magand (c) Solo Parents Welfare Act of 2000 (RA 8972), please 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 applica	nt /appointee)			
NAME	ADDRESS	TEL. NO.		
TEODORA DORIS P. BRAGANZA	ALBUERA LEYTE	9336647028		
LAINELY MAI G. BANDILLA	VISCA, PANGASUGAN BAYBAY CITY, LEYTE	9121580571	96	
MARY JANE ESCO	GABAS BAYBAY CITY, LEYTE	9518512861		
42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized repres- agree that any misrepresentation made in this doct administrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ad herein.	РНОТО	
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance				
Government Issued ID: PASSPORT				
ID/License/Passport No.: P9515278A	ox)			
Date/Place of Issuance: DFA TACLOBAN	MAY 23, 2022  Date Accomplished		Right Thumbmark	
SUBSCRIBED AND SWORN to before me this	, affiant exhibitii	ng his/her validly issued government ID as	s indicated above.	
	Person Administering Oat	h		