

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	VILLAFLORES		
FIRST NAME	SHYN LUEGE		NAME EXTENSION (JR., SR)
MIDDLE NAME			
3. DATE OF BIRTH (mm/dd/yyyy)	09/09/1999	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	MACROHON, SOUTHERN LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	ZAMORA ST
7. HEIGHT (m)	1.49	ZIP CODE	House/Block/Lot No.
8. WEIGHT (kg)	43		Street
9. BLOOD TYPE	O+		ZONE 1
10. GSIS ID NO.			Subdivision/Village
11. PAG-IBIG ID NO.	121304154079		SOGOD
12. PHILHEALTH NO.	130255838114	6606	City/Municipality
13. SSS NO.	06-4429421-4	18. PERMANENT ADDRESS	ZAMORA ST
14. TIN NO.		ZIP CODE	House/Block/Lot No.
15. AGENCY EMPLOYEE NO.	400		Street
			ZONE 1
			Subdivision/Village
			SOGOD
		6606	City/Municipality
		19. TELEPHONE NO.	SOUTHERN LEYTE
		20. MOBILE NO.	Province
		21. E-MAIL ADDRESS (if any)	09207515439
			shynluege@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)			
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DUAG			
FIRST NAME	MELOUIE		NAME EXTENSION (JR., SR)	
MIDDLE NAME	BAROLA			
25. MOTHER'S MAIDEN NAME				
SURNAME	VILLAFLORES			
FIRST NAME	GERALDINE			
MIDDLE NAME	TOLIBAS			

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	LARAY ELEMENTARY SCHOOL	ELEMENTARY	01/06/2006	15/03/2012		2012	VALEDICTORIAN
SECONDARY	SAINT JOSEPH COLLEGE	SENIOR HIGH SCHOOL/ HUMSS	01/06/2016	15/03/2018		2018	WITH HONORS
VOCATIONAL / TRADE COURSE							
COLLEGE	SOUTHERN LEYTE STATE UNIVERSITY	BSED ENGLISH	01/08/2018	15/07/2022		2022	CUM LAUDE
GRADUATE STUDIES							

SIGNATURE		DATE	DECEMBER 22, 2023
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IV. CIVIL SERVICE ELIGIBILITY

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 Validity
	HONOR GRADUATE ELIGIBILITY PD NO. 907		14/11/2022	CSC RO REG VIII	100108221189	7-15-23
	LICENSED PROFESSIONAL TEACHERS		MARCH 2023	TACLOBAN CITY	2059179	09/09/2026

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

DECEMBER 22, 2023

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED


[illegible]





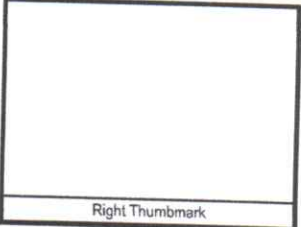

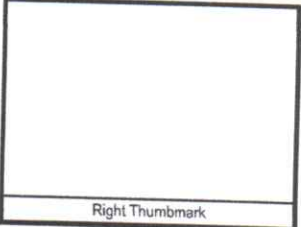

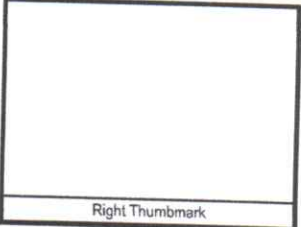
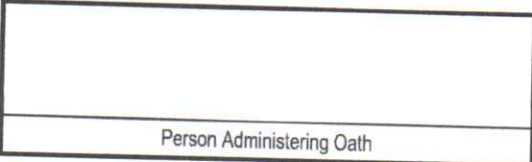
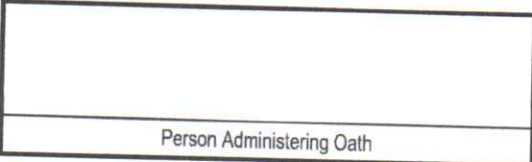
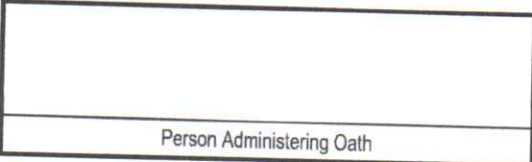
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
WRITING	SLSU CULTURE AND PERFORMING ARTS GUILD SUNDAYAG/ PRESIDENT/ DIRECTOR/ HEAD WRITER	PHILIPPINE ASSOCIATION FOR TEACHERS AND EDUCATORS
LEADERSHIP SKILLS	SLSU STUDENT AMBASSADOR FOR INTERNATIONALIZATION	SLSU KF21
WRITING/ COACH	Coach for PASUC 8: Festival of Culture and the Arts, 2nd Placer for Short and Sweet	Philippine Association of State Universities and Colleges (PASUC)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	DECEMBER 22, 2023
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant (appointee))													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>FREDEERICK C. ANIGA</td><td>SOGOD, SO. LEYTE</td><td></td></tr><tr><td>INGRID M. UY</td><td>SOGOD, SO. LEYTE</td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	FREDEERICK C. ANIGA	SOGOD, SO. LEYTE		INGRID M. UY	SOGOD, SO. LEYTE				
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INGRID M. UY	SOGOD, SO. LEYTE												
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.													
<table><tr><td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>POSTAL ID</td></tr><tr><td>ID/License/Passport No.:</td><td>132220684936</td></tr><tr><td>Date/Place of Issuance:</td><td>LEY-TC</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	POSTAL ID	ID/License/Passport No.:	132220684936	Date/Place of Issuance:	LEY-TC	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>DECEMBER 22, 2023</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	DECEMBER 22, 2023	Date Accomplished
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
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