**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. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes 🔲 ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2. SURNAME BALANE NAME EXTENSION (JR., SR) FIRST NAME **RONNAH MAE** CABUGWASON MIDDLE NAME 3. DATE OF BIRTH 09/21/1998 16. CITIZENSHIP √ Filipino ✓ Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH BAYBAY CITY, LEYTE If holder of dual citizenship, Pls. indicate country: please indicate the details. Male ✓ Female 5. SEX √ Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No Widowed Separated UPPER Other/s: Subdivision/Village Barangay MAHAPLAG LEYTE 1.6 7. HEIGHT (m) Citv/Municipality Province 46KG 8. WEIGHT (kg) ZIP CODE 6512 18. PERMANENT ADDRESS 9. BLOOD TYPE A+ House/Block/Lot No. Street UPPER 10. GSIS ID NO. N/A Subdivision/Village Barangay MAHAPLAG LEYTE 11. PAG-IBIG ID NO. 121290001065 City/Municipality Province 12. PHILHEALTH NO. 13-252631010-5 ZIP CODE 6512 34-9654387-7 13. SSS NO. 19. TELEPHONE NO. N/A 14. TIN NO. 377-947-516-000 20. MOBILE NO. 0945-988-8335 15. AGENCY EMPLOYEE NO. 22-115 21. E-MAIL ADDRESS (if any) ronnahmaebalane@gmail.com II. FAMILY BACKGROUND

III TYTIMET BYTOTCOTCOTTE							
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		NAME EXTENSION (JR., SR)		N/A			
MIDDLE NAME							
OCCUPATION							
EMPLOYER/BUSINESS NAME							
BUSINESS ADDRESS							
TELEPHONE NO.							
24. FATHER'S SURNAME	BALANE						
FIRST NAME	RONALD	NAME EXTENSION (JR., SR)					
MIDDLE NAME	FERNANDEZ						
25. MOTHER'S MAIDEN NAME							
SURNAME	CABUGWASON						
FIRST NAME	MERCEDITA						
MIDDLE NAME	GANTON			(Continue on sep	parate sheet if neces	sary)	
III. EDUCATIONAL BACKG	ROUND						
					LUCUEST LEVEL		SCHOLARSHIP/

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		
			From	То	(		RECEIVED	
ELEMENTARY	MAHAPLAG CENTRAL SCHOOL	ELEMENTARY EDUCATION 2005		2011	GRADUATED	2011	N/A	
SECONDARY	MAHAPLAG NATIONAL HIGH SCHOOL SECONDARY ENDUCATION		2011	2015	GRADUATED	2015	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
COLLEGE	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES BACHELOR OF SCIENCE IN ACCOUNTANCY		2015	2020	GRADUATED	2020	CHED	
GRADUATE STUDIES	N/A N/A		N/A	N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)								
SIGNATURE	SIGNATURE (nalab			<b>DATE</b> June 19, 2023				

### ASSOCIATE  ### AS	IV. CIVIL S	SERVICE ELIG	GIBILITY							
CAREER SERVICE PROFESSIONAL  83.59  JUNE 19, 1922  LETTE NATIONAL HIGH SCHOOL, ATHELET  22.1100388  9025922  W. WORK EXPERIENCE  W. WORK EXPERIENCE  Secretary  W. WORK EXPERIENCE  Secretary  TAX ASSOCIATE  COLUMN BALLS OF RECEIVED  COLUMN BALLS OF RECEIVED  TO COLUMN BALLS OF RECEIVED  COLUMN BALLS OF RECEIVED  TO COLUMN BALLS OF RECEIVED  COLUMN BALLS OF RECEIVED  COLUMN BALLS OF RECEIVED  TO COLUMN BALLS OF RECEIVED  COLUMN BALLS OF RECEIVED  TO COLUMN BALLS OF RECEIVED  COLUMN BALLS OF RECEIVED  TO COLUMN BALLS OF RECEIVED  TO COLUMN BALLS OF RECEIVED  COLUMN BALLS OF RECEIVED  COLUMN BALLS OF RECEIVED  TO COLUMN BALLS OF RECEIVED  COLUMN BALLS OF RECEIVED  COLUMN BALLS OF RECEIVED  COLUMN BALLS OF RECEIVED  TO COLUMN BALLS OF RECEIVED  COLUMN BALLS OF RECEIV					PLACE OF EXAMINA					
AND THE PROPERTY OF CONTINUE OF THE PROPERTY O				(If Applicable)					NUMBER	
Continue on regards wheel if increases/  V. WORK EXPERIENCE  TRANSPORTER TO THE CONTINUE OF TH	CAR	REER SERVICE	PROFESSIONAL	83.55	JUNE 19, 2022				22-13103958	08/25/2022
WORK EXPERIENCE  26 INCLUSIVE DATES										
WORK EXPERIENCE  26 INCLUSIVE DATES										
WORK EXPERIENCE  26 INCLUSIVE DATES										
WORK EXPERIENCE  26 INCLUSIVE DATES										1
WORK EXPERIENCE  26 INCLUSIVE DATES										
WORK EXPERIENCE  26 INCLUSIVE DATES										
WORK EXPERIENCE  26 INCLUSIVE DATES										
Department   Accessory   Department   Department   Accessory   Department   Department   Accessory   Department   Department   Department   Accessory   Department   De							hed Work Fx	nerience she	et	
Continue or apparatus sheet (Facestappy)   Continue or apparatus s	28. INCL	USIVE DATES						SALARY/ JOB/ PAY		GOV'T
08-18/22 PRESENT TAX ASSOCIATE GOLDEN INVESTMENT INCREDILAND 15,000.00 REGULAR N  REGULA		1						applicable)& STEP (Format "00-0")/		
PROPERTIES INC.			TAX ASSO	CIATE			16,000.00		REGULAR	N
		11122111			PROF	PERTIES INC.	,			<u> </u>
		+								
		1								
VIEW VIEW VIEW VIEW VIEW VIEW VIEW VIEW	SIGN	IATURF	ء ا		nunue on separate shee			.lune	19, 2023	

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTARY (	ORGANIZATIO	ON/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
			То				
N/A							
			sheet if necessary	)			
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING P						
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)	
ON THE JOB TRAINING		11/28/2018	To 02/20/2019	165.0	MANAGERIAL	LAND BANK OF THE PHILIPPINES	
ON THE SOB TRAINING		11/20/2010	02/20/2019	103.0	WANAGERIAL	LAND DANK OF THE FINEIPPINES	
	(Con	tinue on separate	sheet if necessary	<u> </u> )			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COOKING	N/A					N/A	
SPORTS (VOLLEYBALL)							
READING							
DANCING							
SIGNATURE	(Continue on separate sheet if necessary)				ATE	June 19, 2023	

34. Are you related by consanguinity or affinity to the appointin	g or recommending authority, or to the				
chief of bureau or office or to the person who has immedia					
Bureau or Department where you will be apppointed,					
a. within the third degree?		YES	✓ NO		
b. within the fourth degree (for Local Government Unit - Ca	reer Employees\?		✓ NO		
D. WIGHT GIE TOURGE GOSTOC (TOT LOCAL GOSTOTILITORIC CLIRC GO	l <del>-</del>				
		If YES, give detail	S.		
	···				
35. a. Have you ever been found guilty of any administrative of	ttense?	YES	✓ NO		
		If YES, give detail	s:		
b. Have you been criminally charged before any court?		YES	✓ NO		
	If YES, give detail	S:			
		Date Filed:			
		Status of Case/s:			
36. Have you ever been convicted of any crime or violation of	any law, decree, ordinance or regulation	YES	✓ NO		
by any court or tribunal?		If YES, give details:			
37. Have you ever been separated from the service in any of the	ne following modes: resignation				
retirement, dropped from the rolls, dismissal, termination, e		☐ YES ☑ NO If YES, give details:			
out (abolition) in the public or private sector?	ma or torm, mileriou dericade er priacea				
38. a. Have you ever been a candidate in a national or local el	ection held within the last year (except				
Barangay election)?	couldn' field within the last year (except	YES	✓ NO		
		If YES, give details:			
b. Have you resigned from the government service during		YES NO			
election to promote/actively campaign for a national or local	ll candidate?	If YES, give details:			
39. Have you acquired the status of an immigrant or permaner	nt resident of another country?	☐ YES	✓ NO		
	If YES, give details (country):				
		= 0, g acta	· ( • • • • • • • • • • • • • • • • • •		
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons (RA				
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972					
a. Are you a member of any indigenous group?	,, produce alliestes and resistanting sterilles		□ wa		
The you a member of any margenous group:		│	v: NO		
b. Are you a person with disability?		YES			
,		If YES, please specif			
c. Are you a solo parent?		YES			
		If YES, please specif			
44 DEFEDENCES (Decree not related by concentration or offsity to applied	at (annaintea)				
41. REFERENCES (Person not related by consanguinity or affinity to applica	nt /appointee)				
NAME	ADDRESS	TEL. NO.			
EMERY JOY REGANA	CEBU CITY	9283160754			
LEAH BELLE ACAS	CEBU CITY	9667042753	4		
40					
42. I declare under oath that I have personally accomplished					
complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized repr			RONNAH MAE C. BALANE		
I agree that any misrepresentation made in this doc			PHOTO		
administrative/criminal case/s against me.		, andg			
<u> </u>					
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)					
PLEASE INDICATE ID Number and Date of Issuance	Thalab				
Government Issued ID: PHILIPPINE PASSPORT		73.4			
ID/License/Passport No.: P0993102C					
ID/LICEISE/I assport No.: 103301020	Signature (Sign inside the b	ox)			
Date/Place of Issuance: 07/20/2022 / DFA TACLOBAN		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	, affiant exhibi	ting his/her validly issue	d government ID as indicated above.		
	h				
	Person Administering Oat	• •			