

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	SESCON		
FIRST NAME	DENNISE MARIE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GONZAGA		
3. DATE OF BIRTH (mm/dd/yyyy)	09/10/1999	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
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:	17. RESIDENTIAL ADDRESS	DOMINGO VELOSO House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.6	ZIP CODE	6521
8. WEIGHT (kg)	53		
9. BLOOD TYPE	B	18. PERMANENT ADDRESS	DOMINGO VELOSO House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	121307970390		
12. PHILHEALTH NO.	13-025589120-1		
13. SSS NO.	06-4476204-7	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09757706753
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	SESCONDENNISE@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	SESCON		
FIRST NAME	DOUGLAS	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MONTALBAN		
25. MOTHER'S MAIDEN NAME			
SURNAME	SESCON		
FIRST NAME	LUZVIMINDA		
MIDDLE NAME	GONZAGA		

(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	BAYBAY I CENTRAL SCHOOL	ELEMENTARY	2006	2012		2012	
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	JUNIOR & SENIOR HIGH SCHOOL	2012	2018		2018	High Honors
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN HOSPITALITY MANAGEMENT	2018	2022		2022	Cum Laude
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/10/2024
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[illegible]

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

[illegible]

SIGNATURE		DATE	01/10/2024
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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

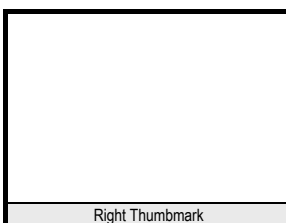
[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/10/2024
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>SHANIA MARIE ALBARACIN</td> <td>ORMOC CITY, LEYTE</td> <td>9465347237</td> </tr> <tr> <td>RAPHAEL CENTINO</td> <td>BATO, LEYTE</td> <td>9231492581</td> </tr> <tr> <td>HANNAH MAE QUIMBO</td> <td>BAYBAY CITY, LEYTE</td> <td>9557526481</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	SHANIA MARIE ALBARACIN	ORMOC CITY, LEYTE	9465347237	RAPHAEL CENTINO	BATO, LEYTE	9231492581	HANNAH MAE QUIMBO	BAYBAY CITY, LEYTE	9557526481
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PHILHEALTH</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>13-025589120-1</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td></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:	PHILHEALTH	ID/License/Passport No.:	13-025589120-1	Date/Place of Issuance:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) 01/10/2024 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) 01/10/2024 Date Accomplished	
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<p>SUBSCRIBED AND SWORN to before me this <u>January 10, 2024</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p>													
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