

PERSONAL DATA SHEET

Print legibly Mark appropriate boxes ☐ with "/" and use separate sheet if necessary

1. CS ID No.

(to be filled y CSC)

I. PERSONAL INFORMATION

| | | | |
|-----------------------------|--|----------------------------------|--|
| 2. SURNAME | BANDALAN | | |
| FIRST NAME | EILEEN | | |
| MIDDLE NAME | BULAWAN | 3. NAME EXTENSION (e.g. Jr. Sr.) | |
| 4. DATE OF BIRTH (mm/dd/yy) | 6/2/1988 | 16. RESIDENTIAL ADDRESS | Brgy. San Isidro Baybay City, Leyte |
| 5. PLACE OF BIRTH | Baybay, Leyte | ZIP CODE | 6521 |
| 6. SEX | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | 17. TELEPHONE NO. | None |
| 7. CIVIL STATUS | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____ | 18. PERMANENT ADDRESS | Brgy. San Isidro Baybay City, Leyte |
| 8. CITIZENSHIP | Filipino | ZIP CODE | 6521 |
| 9. HEIGHT (m) | 1.5 | 19. TELEPHONE NO. | None |
| 10. WEIGHT (kg) | 58 | 20. E-MAIL ADDRESS (if any) | everland_ayen@yahoo.com |
| 11. BLOOD TYPE | "O" | 21. CELL PHONE NO. (if any) | 9066531844 |
| 12. GSIS ID NO. | CRN-021-1430-6273-9 | 22. AGENCY EMPLOYEE NO. | On Process |
| 13. PAG-IBIG ID NO. | 1211-4847-4113 | 23. TIN | 457-370-689 |
| 14. PHILHEALTH NO. | 19-026644662-8 | | |
| 15. SSS NO. | On Process | | |

II. FAMILY BACKGROUND

| | | | |
|---|----------|---|----------------------------|
| 24. SPOUSES' SURNAME | NA | 25. NAME OF CHILDREN (Write full name and list all) | Date of Birth (mm/dd/yyyy) |
| FIRST NAME | | NA | |
| MIDDLE NAME | | | |
| OCCUPATION | | | |
| EMPLOYER/BUS. NAME | | | |
| BUSINESS ADDRESS | | | |
| TELEPHONE NO. | | | / / |
| (Continue on separate sheet if necessary) | | | / / |
| 26. FATHER'S SURNAME | BANDALAN | | / / |
| FIRST NAME | MEDEL | | / / |
| MIDDLE NAME | PEREZ | | / / |
| 27. MOTHER'S MAIDEN NAME | | | / / |
| SURNAME | BULAWAN | | / / |
| FIRST NAME | IMELDA | | / / |
| MIDDLE NAME | CUATON | (Continue on separate sheet if necessary) | |

III. EDUCATIONAL BACKGROUND

| 28. LEVEL | NAME OF SCHOOL (Write in full) | DEGREE/ COURSE (Write in full) | YEAR GRADUATED (if graduated) | HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated) | INCLUSIVE DATES OF ATTENDANCE | | SCHOLARSHIP ACADEMIC/ HONORS RECEIVED |
|-----------------------------|-----------------------------------|--------------------------------------|-------------------------------------|--|-------------------------------------|------|--|
| | | | | | From | To | |
| ELEMENTARY | Candadam Elementary School | Primary | 2000 | | 1994 | 2000 | Valedictorian |
| SECONDARY | VSU Laboratory High School | Secondary | 2004 | | 2000 | 2004 | With Honors |
| VOCATIONAL/ TRADE COURSE | None | | | | | | |
| COLLEGE | Visayas State University | BS in Food Tech. | 2008 | | 2004 | 2008 | Cum Laude |
| GRADUATE STUDIES | Visayas State University | MS in Food Sci. & Tech. | 20014 | | 2012 | 2014 | DOST-ASTHRDP |

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

V. **WORK EXPERIENCE** (Include private employment. Start from your current work)

[illegible]

(Continue on separate sheet if necessary)

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC/NON-GOVERNMENT/PEOPLE/VOLUNTARY ORGANIZATIONS | | | | | |
|--|---|---|--|-----------------------|--|
| 31. | NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION/ NATURE OF WORK |
| | None | From | To | | |
| | | | | | |
| (Continue on separate sheet if necessary) | | | | | |
| VII. TRAINING PROGRAMS (Start from the most recent training) | | | | | |
| 32. | TITLE OF SEMINAR/CONFERENCE WORKSHOP/SHORT COURSES (Write in full) | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) | | NUMBER OF HOURS | CONDUCTED/ SPONSORED BY (Write in full) |
| | National DOST-SEI ASTHRDP-MSC Scholar's Conference | 5/7/2015 | 8-May-15 | 16 | DOST-SEI |
| | Implementation of Outcomes-Based Education (OBE) | 5/4/2015 | 5/5/2015 | 16 | VSU |
| | SME Roving Academy (SMERA) Training on Specialized Certification/Accreditation (HACCP, cGMP, BFAD, Food Safety) | 3/24/2015 | 24-Mar-15 | 8 | DTI-Region 8 |
| | 4th International Symposium and Meeting of AFSLAB and the 9th Scientific Conference and Assembly of PSLAB | 10/22/2014 | 10/24/2014 | 24 | Yakult, Biotech, SEARCA |
| | Facilitator, Training on Processing & Preservation of Rootcrops, Vegetables and Fruits | Nov. 17 | Nov. 19, 2014 | 24 | DA, UK Aid Dept. for Int'l Dev. & FAO |
| | Participant, Seminar-Workshop on Patent Information Search, Tools & Strategies | Nov. 5 | Nov. 7, 2014 | 24 | OVPRE |
| | Poster Presenter & Participant, 9th Scientific Confe- rence & Assembly of the PSLAB & 4th Int'l Symposium & Meeting of the Asian Fed. Of the Soc. For PSLAB | Oct. 22 | Oct. 24, 2014 | 24 | SEARCA, UPLB |
| | Resource Person, Training on Coconut By-Products Processing, Packaging & Marketing | Sept. 29 | Oct. 1, 2014 | 24 | ATI-RTC |
| | Resource Person, Enterprise Development Training on Meat Processing | Sept. 16 | Sept. 18, 2014 | 24 | ATI, RTC |
| | Resource Person, Skills Training on Rootcrop Processing, Packaging and Marketing for PWDs | Aug. 19 | Sept. 21, 2014 | 21 | PRCRTC |
| | Poster Presenter, the 8th PNHRs Week Celebration: Research & Innovation in Health for Disaster and Emergency Management | Aug. 12 | Aug. 14, 2014 | 20 | PNHRs |
| | Resource Person, Training on Rootcrop Processing | Jul. 18 | Jul. 20, 2014 | 24 | PhilRootcrop |
| | Resource Person, Training on Good Agricultural Practices (GAP) for Banana-Saba | 8-Jul | 10-Jul-14 | 24 | ATI-RTC |
| | Poster Presenter & Participant, Regional Health Summit | 14-May-14 | | 6 | PNRS |
| | Participant, Seminar on Enterprise Transformer: Adding Value that Works | Aug. 8, 2012 | | 6 | VSU |
| | Participant, Strategic Planning Workshop | Jan. 7 | Jan. 8, 2012 | 6 | SONNETS CATERING SERVICES INC. |
| (Continue on separate sheet if necessary) | | | | | |
| VIII. OTHER INFORMATION | | | | | |
| 33. | Special Skills/Hobbies | 34. | NON-ACADEMIC DISTINCTIONS/ RECOGNITION (Write in full) | 35. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
| | None | | | | PHILIPPINE SOCIETY OF LACTIC ACID BACTERIA |
| | | | | | PHILIPPINE SOCIETY OF MICROBIOLOGY |
| (Continue on separate sheet if necessary) | | | | | |

Are you related by consanguinity or affinity to any following:

36.

a. Within the third degree
(for NATIONAL GOVERNMENT Employees):
appointing authority, recommending authority, chief
of office/bureau/department or person who has
immediate supervision over you in the Office,
Bureau or Department where you will be appointed?

☐ YES ☒ NO

If YES,give details:

b. Within the fourth degree
(for LOCAL GOVERNMENT Employees): appointing authority
or recommending authority where you are appointed?

☐ YES ☒ NO

If YES,give details:

37.

a. Have you ever been formally charged?

☐ YES ☒ NO

If YES,give details:

b. Have you ever been guilty of any administrative offense?

☐ YES ☒ NO

If YES,give details:

38.

Have you ever been convicted of any crime or violation
of any law, decree, ordinance or regulation by any
court or tribunal?

☐ YES ☒ NO

If YES,give details:

39.

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, AWOL or phased out, in the
public or private sector?

☐ YES ☒ NO

If YES,give details:

40.

Have you ever been a candidate in a
national or local election (except Barangay election)?

☐ YES ☒ NO

If YES,give details:

41.

Pursuant to: (a) Indigenous People's Act (RA 8371);
(b) Magna Carta for Disabled Persons (RA 7277); and
© Solo Parents Welfare Act of 2000) RA 8972), please
answer the following items:

a. Are you a member of any indigenous group?

☐ YES ☒ NO

If YES, pls. specify:

b. Are you differently abled?

☐ YES ☒ NO

If YES, pls. specify:

c. Are you a solo parent?

☐ YES ☒ NO

If YES, pls. specify:

42.

REFERENCES (Person not related by consanguinity or affinity to applicant/ appointee)

| NAME | ADDRESS | TEL. NO. |
|-------------------------|--|----------|
| Dr. Lorina A. Galvez | VSU, Visca, Baybay, Leyte | None |
| Richard R. Bandala | Sonnets Catering Services, Cebu City | None |
| Jhanesse Abalajon-Tiama | um Beverage Sdn Bhd, Negara Brunei Darus | None |

43.

I declare under oath that this Personal Data Sheet has been accomplished by me, and is
a true, correct and complete statement pursuant to the provisions of pertinent laws,
rules and regulations of the Republic of the Philippines

I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein.
I trust that this information shall remain confidential.

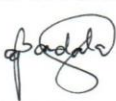
CCI 2015 01084027
COMMUNITY TAX CERTIFICATE NO.

Baybay City, Leyte

ISSUED AT

march 11, 2016


ISSUED ON (mm/dd/yy)




SIGNATURE (Sign Inside the box)

June 7, 2016

DATE ACCOMPLISHED



PHOTO



RIGHT THUMBMARK