

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	Llano		
FIRST NAME	Lemuel	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Tiempo		
3. DATE OF BIRTH (mm/dd/yyyy)	06/09/1988	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		If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	PUROK 5 House/Block/Lot No. Street Pangasungan Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.70	ZIP CODE	6521
8. WEIGHT (kg)	70.00		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	PUROK 5 House/Block/Lot No. Street Pangasungan Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	121201224703		
12. PHILHEALTH NO.	130251103985		
13. SSS NO.	N/A	19. TELEPHONE NO.	(101) 2
14. TIN NO.	409172483	20. MOBILE NO.	963-193-0815
15. AGENCY EMPLOYEE NO.	V02040	21. E-MAIL ADDRESS (if any)	lemuel.llano@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Llano		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Mary Cris	NAME EXTENSION (JR., SR)	Princess Lorraine D. Llano	07/27/2012
MIDDLE NAME	Daing		Zach Aaron D. Llano	11/05/2016
OCCUPATION	Teacher			
EMPLOYER/BUSINESS NAME	Saint Paul's School of Ormoc Foundation Inc.			
BUSINESS ADDRESS	Apitong St. Brgy. Punta, Ormoc City, Leyte			
TELEPHONE NO.	09489423108			
24. FATHER'S SURNAME	Llano			
FIRST NAME	Filadelfo	NAME EXTENSION (JR., SR) Sr.		
MIDDLE NAME	Sargado			
25. MOTHER'S MAIDEN NAME	Guarte			
SURNAME	Llano			
FIRST NAME	Amada			
MIDDLE NAME	Tiempo		(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	N/A						
SECONDARY	N/A						
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	LEYTE STATE UNIVERSITY	Bachelor of Science in Forestry	2006	N/A	UNDEGRADUATE	N/A	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/27/2023
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N/A	N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (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)
		From	To			
	Personality Development and Developing Customer Satisfaction	06/13/2023	06/16/2023	32	Technical	Personnel Officers Association of the Philippines, INC.
	Electrical Wiring System Repair and Maintenance	03/07/2023	04/12/2023	33	Technical	TVET Building, CET Workshop Compound
	5S TRAINING for Utility and Messenger Personnel	11/23/2022	11/23/2022	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Attended the ISO 9001:2015 Awareness/Re-awareness Webinar	08/30/2022	08/31/2022	16	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Workshop on Revisiting the Strategic Plan of ODAS & GSO	03/16/2022	03/17/2022	16	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	ALAY-LINIS	11/29/2021	12/01/2021	16	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Re-Orientation of Employees Duties Responsibilities and Good Costumer Service	09/23/2021	09/23/2021	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Re-Orientation of Employees Duties Responsibilities and Good Costumer Service	09/23/2021	09/23/2021	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	American Safety & Health Institute Basic Life Support	11/29/2017	11/29/2017	8	Technical	American Safety & Health Institute
	HIV in the Workplace Seminar	12/09/2016	12/09/2016	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Anti-Sexual Harassment and Gender Sensitivity Seminar for CME Students	08/31/2016	08/31/2016	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Basic Life Support (CPR & AED)	07/04/2016	07/11/2016	40	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Reserve officer Training CORPS	04/16/2007	05/06/2007	184	Technical	8th Regional Community Defense Group
(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)		
	N/A	N/A		N/A		
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	06/27/2023	

<div>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)?</div>		<div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details: _____</div></div>												
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div></div>												
<div>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</div>		<div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details: _____</div></div>												
<div>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?</div>		<div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details: _____</div></div>												
<div>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?</div>		<div><div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details: _____</div></div><div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details: _____</div></div></div>												
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, give details (country): _____</div></div>												
<div>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?</div>		<div><div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, please specify: _____</div></div><div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, please specify ID No _____</div></div><div><div><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div><div>If YES, please specify ID No _____</div></div></div>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>			NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.												
<div>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.</div>		<div><div><div>ID picture taken within the last 6 months 3.5 cm x 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable</div><div>PHOTO</div></div><div><div> </div><div>Right Thumbmark</div></div></div>												
<div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></div><div>Government Issued ID: TIN</div><div>ID/License/Passport No.: 409172483</div><div>Date/Place of Issuance: 06/03/2011 / Baybay City, Leyte</div></div>	<div><div> </div><div>Signature (Sign inside the box)</div><div>06/27/2023</div><div>Date Accomplished</div></div>													
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div> </div><div>Person Administering Oath</div></div>														