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.

Print legibly if accomplished through	TO FILLING OUT THE PERSONAL DATA SHE h own handwriting. Tick appropriate boxe —) an	ET (PDS) BEFORE ACCOME d use separate sheet if necess	PLISHING THE ary. Indicate N/A	PDS FORM. A if not applicab	ole. DO NOT	ABBREVIATE.			
I. PERSONAL INFORMATIO									
1. SURNAME	HONRADA								
2. FIRST NAME	REYMART		NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	COLARTE								
DATE OF BIRTH (dd/mm/yyyy)	29/11/1995	16 CITIZENSHIP			☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization				
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citizen					Pls. indicate country:		
5. SEX AT BIRTH	☑ Male ☐ Female	please indicate the	etails.			- T			
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS		N/A			PUROK 5		
6 CIVIL STATUS	☐ Widowed ☐ Separated	a state of	House/Block/Lot No. N/A			Street GABAS			
	Other/s:		Subdivision/Village BAYBAY				Barangay LEYTE		
7. HEIGHT (m)	5'6	STATE OF STATE OF	City/Municipality			Province			
8. WEIGHT (kg)	63	ZIP CODE	6521						
9. BLOOD TYPE	N/A SA TRACETOR STEELS	18. PERMANENT ADDRESS	N/A PU House/Block/Lot No.			ROL CANSURIMA Street			
10. UMID ID NO.	N/A		N/A			PONTOD Barangay			
11. PAG-IBIG ID NO.	1212-8686-3024	a times that it is a	Subdivision/Village HILONGOS			TE PROME	LEYTE Province		
12. PHILHEALTH NO.	13-202424038-3	ZIP CODE	6524	City/Municipality 6524			Province		
13. PhilSys Number (PSN):	4259-2168-1739-4097	19. TELEPHONE NO.	N/A		1 VI 2	Bet-ele-at	A12784 K		
14. TIN NO.	376-181-702-000	20. MOBILE NO.	+639632665120						
15. AGENCY EMPLOYEE NO.	VJO02098 21. E-MAIL ADDRESS (if any		REYMARTHONRADA22@GMAIL.COM						
II. FAMILY BACKGROUND									
22 SPOUSE'S SURNAME	N/A		23. NAME of C	HILDREN (Write	full name and	list all)	DATE OF BIF	RTH (dd/mm/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)	N/A				N/A		
MIDDLE NAME			-						
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	HONRADA		1						
FIRST NAME	REYNALDO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	RETULLA								
25. MOTHER'S MAIDEN NAME									
SURNAME	COLARTE					1			
FIRST NAME	SUSANA					1			
MIDDLE NAME	PEPITO		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGI (Write in full)		PENIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
	DONTOR ELEMENT PUR CAUCE			From		ODADUATED	2000	AUA	
ELEMENTARY	PONTOD ELEMENTARY SCHOOL		100	2004	2009	GRADUATED	2009	N/A	
SECONDARY	HILONGOS NATIONAL VOCATIONAL SCHOOL			2009	2013	GRADUATED	2013	N/A	
VOCATIONAL / TRADE COURSE	N/A								
COLLEGE	BATO INSTITUTE OF SCIENCE AND TECHNOLOGY INC.	BACHELOR OF SO BUSIMESS ADMINI	1 2016 1 2020		GRADUATED	2020	N/A		
GRADUATE STUDIES	N/A								
Part of Parents of S		(Continue on separate sheet if i	necessary)						
SIGNATURE	P. 1/05 a	0		DA	ITE	DEC	CEMBER 05,	2025	

		ERVICE/RA 1080 (BOARD/	RATING	DATE OF	PLACE OF EXAMINATION /	LICENSE (if applicable)
The Part of the Land of the La		/S/CATEGORY II/ IV ELIGIBILITY R UNIFORMED PERSONNEL (If Applicable)		CONFERMENT	CONFERMENT	NUMBER	Valid Until
	N/						
regulit der			sa yang Panlagan.	(Dromaneria ins)	and a second second	adjusted to the	
	-	JALAN WILLIAM	Y SALEMON	Mannet Bang	BASE PLAN SAVIET SALE	TYLE BUILD I	C across del
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/ WORK F	XPERIENCE		Continue on sep	parate sheet if necessary	0		
		ant. Start from your recent wo	rk) Descripti	on of duties should	d be indicated in the attac	hed Work Expe	rience Sheet.
B. INCLU	ISIVE DATES	POSITION TITLE		DEPARTMENT / AGENCY / OFFICE / COMPANY		STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not abbrevi	iate)		(Write in full/Do not abbreviate)		(Y/N)
15/05/2022	PRESENT	CUSTOMER FEEDBACK DAT	TOV IAMA A	CUSTOMER FEEDBACK OFFICE-QUALITY		JO	
. GOOLDEE	THESENT	LABOR FORCE SURVEY AN	See 1	ASSUR	ASSURANCE CENTER		Y
01/12/2022	30/01/2022	INCOME AND EXPENDITURI ENUMERATOR		PHILIPPINE STATISTIC AUTHORITY		JO	Y
21/05/2021	30/06/2021	CENSUS OF POPULATION AN MAP DATA VEREFII	Sterring September 5 of September 5	PHILIPPINE STATISTIC AUTHORITY		JO	Y
12/09/2020	31/03/2021	CENSUS OF POPULATION AN MACHINE PROCESS		PHILIPPINE ST	TATISTIC AUTHORITY	JO	Υ
21/10/2020	08/12/2020	CENSUS OF POPULATION AN MANUAL PROCESS		PHILIPPINE STATISTIC AUTHORITY		JO	Υ
01/09/2020	21/09/2020	CENSUS OF POPULATION AN		PHILIPPINE STATISTIC AUTHORITY		JO	Y
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		0 4	Continue on sep	arate sheet if necessary			
SIGNA	TURE	P. 165	~ 0/		DATE		R 05, 2025

VI. VOLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTARY O	DRGANIZATIO	ON/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			INCLUSIVE DATES (dd/mm/yyyy)		CHARLES AND A	POSITION / NATURE OF WORK	
		From	То			Carryllin Solvers	
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	Paris de la Co						
VII. LEARNING AND DEVELOPMENT (L&			sheet if necessary) TTENDED				
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (dd/mm/yyyy)			Type of L&D (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
				NUMBER OF HOURS			
ENHANCING DIGITAL COMMUNICATION VOIP PHONE MASTERY AND OUTPUT			To	AUDE		VISAYAS STATE UNIVERSITY	
MESSENGER TRANSITION SEMINAR WORKSHOP ON BASIC RECORDS AND ARCHIVES MANAGEMENT			20/11/2024	4 HRS	TECHNICAL	VI BION I DISTRICT	
(BRAM) EASE OF DOING BUSINESS, DATA PRIVACY A		30/07/2024	31/07/2024	16 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
REORIETATION FOR VISAYAS STATE UNIVERSITY PERSONNEL ORIENTATION OF GUIDELINES AND PROCEDURES ON PROCESSES/SERVICES			29/07/2024	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
OF THE OFFICE UNDER ADMINISTRATIVE SE		23/02/2024	23/02/2024	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
WORKSHOP ON PROGRAM ACCREDITATION		12/01/2024	12/01/2024	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
DESIGN THINKING WORKSHOP		13/12/2023	14/12/2023	16 HRS	MANAGERIAL	VISAYAS STATE UNIVERSITY	
UNLOCKING EXCELLENCE: THE 5S REVOLUT VISAYAS STATE UNIVERSITY	TION FOR CLERKS AND HEADS AT	29/11/2023	29/11/2023	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
ISO 9001:2015 AWARENESS AND RE-AWARE	NESS WEBINAR	29/08/2023	29/08/2023	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
ORIENTATION/ RE-ORIENTATION OF DUTIES AND RESPONSIBILITIES OF DDRCS AND ADDRCS, AND CASCADING OF DOCUMENTS AND RECORDS CONTROL PROCEDURE MANUALS AND GUIDELINES			09/07/2022	4 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY	
LABOR FORCE SURVEY AND 2021 FAMILY IN SEMINAR AND TRAINING	COME AND EXPINDITURE	03/01/2022	11/01/2022	56 HRS	TECHNICAL	PHILIPPINE STATISTIC AUTHORITY	
CENSUS OF HOUSING AND POPULATION-MAP DATA VERIFIER			20/05/2021	24 HRS	TECHNICAL	PHILIPPINE STATISTIC AUTHORITY	
CENSUS OF HOUSING AND POPULATION-MACHINE PROCESSOR			11/12/2020	24 HRS	TECHNICAL	PHILIPPINE STATISTIC AUTHORITY	
CENSUS OF HOUSING AND POPULATION-MA	NUAL PROCESSOR	21/10/2020	23/10/2020	24 HRS	TECHNICAL	PHILIPPINE STATISTIC AUTHORITY	
2020 CENSUS OF HOUSING AND POPULATION	N	03/08/2020	08/08/2020	49 HRS	TECHNICAL	PHILIPPINE STATISTIC AUTHORITY	
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VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COMPUTER SKILLS	N/A				See well AN ORVER! IN		
COMMUNICATION SKILL				-	887 1375-1081 MILES 1 1883		
PROBLEM SOLVING						SIE NEATT - WE - HER SIE	
TECHNICAL SKILLS							
DIGITAL DESIGN	With a storm to law to	in our		-	1/400	THE RESERVE OF THE PERSON OF T	
LEARNING SOFTWARE TOOLS							
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SIGNATURE	p. (60)	~ 0	- Q	D	ATE	DECEMBER 05, 2025 CS FORM 212 (Revised 2025). Page 3 of	

34. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has imme Bureau or Department where you will be appointed, a. within the third degree?	nting or recommending authority, or to the diate supervision over you in the Office,				
b. within the fourth degree (for Local Government Unit -	YES NO				
b. within the louist degree (for Local Government of it.	YES NO				
		If YES, give details:			
35. a. Have you ever been found guilty of any administrative	e offense?	☐ YES ☑ NO			
		If YES, give details:			
b. Have you been criminally charged before any court?		☐ YES ☑ 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?	☐ YES ☑ NO If YES, give details:				
		ii / Eo, givo dottallo.			
37. Have you ever been separated from the service in any of	of the following modes: resignation, retirement,	☐ YES ☑ NO	Weight the of six of the		
dropped from the rolls, dismissal, termination, end of te in the public or private sector?	If YES, give details:				
38. a. Have you ever been a candidate in a national or loca	☐ YES ☑ NO	Barrier Barrier			
Barangay election)?	If YES, give details:				
b. Have you resigned from the government service during	☐ YES ☑ NO				
election to promote/actively campaign for a national or I	If YES, give details:	A HAVIANIE NO SALENIEN			
39. Have you acquired the status of an immigrant or permanant	☐ YES ☑ NO GORGONOM AND THOUSE				
	grips of Landers of Page 19 A 19 A	If YES, give details (country):			
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) as amended); and (c) Expanded Solo Parents Welfare A 		ALEST PER VANHERE SA WELMALL	THERE'S USIA STATIS SPENISHWA ENG. FOR DE LANCERS SERVICES		
items: TVIA' 31 - CARRY - ACCUMENT		NING OF GOCUMENTA AND YOUR PLANS OF			
Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:				
Are you a person with disability?	Are you a person with disability?				
		If YES, please specify ID No:			
Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to	applicant (appointee)	Accesses on	SERVICE OF STREET		
NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR			
		EMAIL			
CHARMAGNE FAITH F. CAPUNO	CUSTOMER FEEDBACK OFFICE	9283880886	0 0		
JOEL REY U. ACOB	QUALITY ASSURANCE CENTER	9569161146			
ALELI A. VILLOCINO	QUALITY MANAGEMENT OFFICER	9173040879			
42. I declare under oath that I have personally accomplic complete statement pursuant to the provisions of periodic p	ertinent laws, rules, and regulations of the resentative to verify/validate the contents state	Republic of the dherein.	PHOTO		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	a				
Government Issued ID: DRIVER LICENSE	P. for ad		ALL RESTURNED		
ID/License/Passport No.: H05-24-001183	ox)	And the second second			
Date/Place of Issuance: MAASIN CITY	DECEMBER 05, 202 Date Accomplished		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this					
SUBSCRIBED AND SWORM to before the this	amant exhibiting h	s/her validly issued government ID as indic	cated above.		
	h e				