

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	SAMBERI		
FIRST NAME	MARJORIE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	FLORANO		
3. DATE OF BIRTH (mm/dd/yyyy)	1/15/1995	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	BRGY. MALINAO, MAHAPLAG, LEYTE	If holder of dual citizenship, please indicate the details:	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	House/Block/Lot No. _____ Street _____ MALINAO Subdivision/Village _____ Barangay _____ MAHAPLAG LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.530	ZIP CODE	6512
8. WEIGHT (kg)	58		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ MALINAO Subdivision/Village _____ Barangay _____ MAHAPLAG LEYTE City/Municipality _____ Province _____
10. GSIS ID NO.	N/A	ZIP CODE	6512
11. PAG-IBIG ID NO.	121226115476		
12. PHILHEALTH NO.	1202-5725-8055		
13. SSS NO.	06-4129488-0	19. TELEPHONE NO.	NONE
14. TIN NO.	347-469-665-000	20. MOBILE NO.	09291756684
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	marjorieflorano115@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SAMBERI		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CHEROMEL	NAME EXTENSION (JR., SR)	NONE	N/A
MIDDLE NAME	CASTILLON			
OCCUPATION	NONE			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	FLORANO			
FIRST NAME	BENJAMIN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	EVARDONE			
25. MOTHER'S MAIDEN NAME	EPIVA			
SURNAME	FLORANO			
FIRST NAME	MARIBETH			
MIDDLE NAME	EJOC		(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	MALINAO ELEMENTARY SCHOOL	PRIMARY EDUCATION	6/4/2001	3/30/2007	GRADUATED	2007	VALEDICTORIAN
SECONDARY	MAHAPLAG NATIONAL HIGH SCHOOL	HIGH SCHOOL	6/5/2007	3/29/2011	GRADUATED	2011	NONE
VOCATIONAL / TRADE COURSE	NONE	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SOUTHERN LEYTE STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN TECHNOLOGY AND LIVELIHOOD EDUCATION	6/5/2014	4/4/2018	GRADUATED	2018	NONE
GRADUATE STUDIES	NONE	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 6, 2020
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IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
LICENSURE EXAMINATION FOR TEACHERS	76.20	9/30/2018	CEBU CITY	1715744	1/15/2022
CAREER SERVICE EXAMINATION	80.62	8/4/2019	TACLOBAN CITY	N/A	N/A

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB PAY GRADE (if applicable) & STEP (Format 100-07) INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	To						
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/06/2020
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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		
NONE	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			
	NATIONAL CERTIFICATE II IN FOOD AND BEVERAGE SERVICES	4/29/2019	6/22/2019	356	N/A	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY

(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)
	COOKING, BAKING, SURFING THE INTERNET		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/06/2020
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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? YES NO

b. within the fourth degree (for Local Government Unit - Career Employees)? YES NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative 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: _____

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? YES NO

If YES, give details: _____

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? YES NO

If YES, give details: _____

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? YES NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country? YES NO

If YES, give details (country): _____

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? YES NO

If YES, please specify: _____

b. Are you a person with disability? YES NO

If YES, please specify ID No: _____

c. 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)

NAME	ADDRESS	TEL. NO.
LORIDEL A. SIEGA	SAN ROQUE, SOGOD, SOUTHERN LEYTE	9269694533
JUVY P. OBUS	SAN ROQUE, SOGOD, SOUTHERN LEYTE	9460224508
EDMOND CORPUS	HILAAAN, BONTOC, SOUTHERN LEYTE	9150825883



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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC

ID/License/Passport No.: 1715744

Date/Place of Issuance: 01/11/2019/PRC TACLOBAN CITY

S. S.

Signature (Sign inside the box)

01/06/2020

Date Accomplished



SUBSCRIBED AND SWORN to before me this JAN 05 2020, affiant exhibiting his/her validly issued government ID as indicated above.

Atty. Naomi C. Cabang-Osea

ATTY. NAOMI C. CABANG-OSEA
PUBLIC ATTORNEY III / OIC/DPA
Person Administering Oath