





**SPECIAL SKILLS**

22. (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Highly Skilled	Average	Fair	REMARKS

**VII. TRAINING PROGRAMS (Start from the most recent training.)**

23. 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)
	From	To		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

24. Are you related by consanguinity or affinity to any of the following :

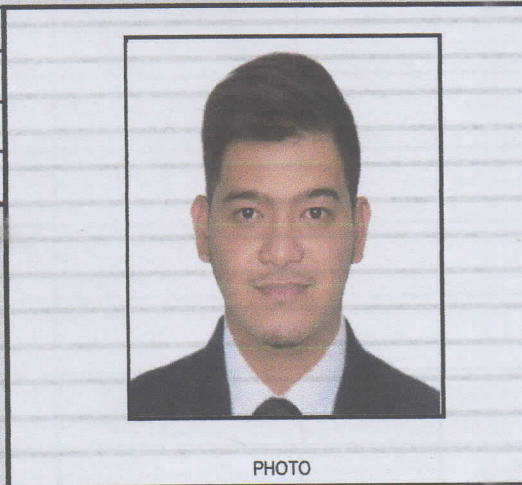
a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/ department or person who has immediate supervision over you in the Office, Department/Project where you will be appointed?

YES       NO

If YES, give details: \_\_\_\_\_

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

NAME	ADDRESS	TEL. NO.
Dr. Shalom Grace C. Sugano	Visca Baybay City	9122654495
Dr. Nancy D. Abunda	Visca Baybay City	9484143834
Dr. Christy M. Desades	Visca Baybay City	9978407423



26. 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.

09448643  
COMMUNITY TAX CERTIFICATE NO.

Baybay City  
ISSUED AT

January 10, 2024

SIGNATURE (Sign inside the box)

January 12, 2024

