# 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. C3 ID No. (Do not fill up. For CSC use only) I. PERSONAL INFORMATION 2. SURNAME CABUQUING NAME EXTENSION (JR., SR) FIRST NAME RHEYL MARK MIDDLE NAME LUMANDO 3. DATE OF BIRTH 9/6/2000 16 CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization Pls. indicate country: INOPACAN, LEYTE 4. PLACE OF BIRTH If holder of dual citizenship, please indicate the details Female ✓ Male 5. SEX BIAONG ✓ Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No. ■ Widowed Separated CONALUM Other/s: Barangay Subdivision/Village LEYTE INOPACAN 1.68M 7. HEIGHT (m) Province City/Municipality 6522 8. WEIGHT (kg) 68KG ZIP CODE BIAONG 18. PERMANENT ADDRESS 9. BLOOD TYPE +AB Street House/Block/Lot No. CONALLIM 10. GSIS ID NO. Barangay Subdivision/Village INOPACAN LEYTE 11. PAG-IBIG ID NO. 121297903508 City/Municipality Province 12. PHILHEALTH NO. 032538057125 ZIP CODE 6522 13. SSS NO 3519522092 19. TELEPHONE NO +639602953565 14. TIN NO 60669291600000 20. MOBILE NO. RHEYLMARK@GMAIL.COM 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) II. FAMILY BACKGROUND 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) FIRST NAME MIDDLE NAME EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO CABUQUING 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) RICARDO FIRST NAME LOTERTE MIDDLE NAME 25. MOTHER'S MAIDEN NAME LUMANDO SURNAME LINDSEY FIRST NAME REYES (Continue on separate sheet if necessary) MIDDLE NAME III. EDUCATIONAL BACKGROUND CHOLARSHI LEVEL/ PERIOD OF ATTENDANCE 26 NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR GRADUATED **ACADEMIC** LEVEL UNITS EARNED HONORS (Write in full) (Write in full) RECEIVED From To VALEDICT ELEMENTARY 2012 **CONALUM ELEMENTARY SCHOOL** 6/1/2006 3/1/2012 ORIAN 2019 SECONDARY INOPACAN NATIONAL HIGHSCHOOL 5/1/2019 SENIOR HIGH SCHOOL 6/1/2012 HONORS VOCATIONAL / TRADE COURSE VISAYAS STATE UNIVERSITY 8/4/2023 COLLEGE **BS HOSPITALITY MANAGEMENT** 8/1/2019 2023 ONGOING **GRADUATE STUDIES** SOUTHERN LEYTE STATE UNIVERSIT MASTERS OF MANAGEMENT TBA (Continue on separate sheet if necessary) JUN DATE SIGNATURE CS FORM 212 (Revised 2017), Page 1 of 4

| A STATE OF THE PARTY OF THE PAR | SERVICE ELIC  |  |  |                              |   |  | property.             | I ICENSE (4 -                | ne (cohla)  |
|--|---|--|--|------------------------------|---|--|-----------------------|------------------------------|-------------|
| 7. CAR   | CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER<br>SPECIAL LAWS/ CES/ CSEE |  | RATING   |                              |   | TION / CONFE                                       | RMENT                 | LICENSE (if applicable)      |             |
| BARANGAY ELIGIBILITY / DRIVER'S LICENSE  |   | (if Applicable)  | CONFERMENT   |                              |   |  | NUMBER                | Validi                       |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  |  |                              |   | -  |                       |                              |             |
|  |   |  | _  | -                            |   |  |                       |                              | _           |
|  |   |  | (Con   | tinue on separate sheet if   | necessary)  |  |                       |                              |             |
|  | EXPERIENCE  |  | ent work) Descri   | otion of duties should       | d be indicated in the at  | tached Wo  | rk Experienc          | ce sheet.                    |             |
| nclude private employment. Start from your recent w  inclusive DATES (mm/dd/yyyy) Position Title   |   | TLE  | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) |                              | MONTHLY<br>SALARY   | SALARYI JOBV<br>PAY GRADE (If<br>applicable)& STEP | STATUS OF APPOINTMENT | GOVT                         |             |
| From To (Write in full/Do not abbrevia   |   | accreviate)  | (vviite in louve   | o not aboreviate)            | SALARY  | (Format 100-0")<br>INCREMENT                       | A FORTMENT            | (Y/N)                        |             |
| 9/2025   | 5/25/2025   | PART-TIME INST   | PART-TIME INSTRUCTOR   |                              | VISAYAS STATE UNIVERSITY  |  |                       | PART-TIME                    | Y           |
| 17/2023  | 1/27/2025   | GUEST SERVICES OFFICER   |  | PLANTATION BA                | Y RESORT AND SPA  | 13000.00   | GRADE 1               | REGULAR                      | N           |
|  |   |  |  |                              |   |  |                       |                              |             |
|  | -   |  |  |                              |   |  |                       |                              |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  | To the second  |                              | Company of the same   |  |                       |                              |             |
| in man   |   |  |  |                              |   |  | No.                   |                              |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  |  |                              |   |  |                       |                              | 2.2.        |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  |  |                              |   |  |                       | -                            |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  |   |  | MAN A  | Charles and                  | NAME OF THE OWNER OWNER OF THE OWNER |  |                       | -                            |             |
|  |   |  |  |                              |   |  |                       |                              |             |
|  | 120   |  |  |                              |   |  | -                     | -                            |             |
|  | 1   | J. W. S  | Total Control  |                              |   |  | -                     |                              |             |
|  |   | The state of the s |  |                              |   |  |                       |                              |             |
|  | 4   |  |  |                              |   |  |                       |                              |             |
| 0/01   | IATUS -   |  | SIMP (Con  | linue on separate sheet if r | THE RESERVE OF THE PERSON NAMED IN  |  | JUN 17                | 2025                         |             |
|  | ATURE   |  |  | canner                       | DATE  |  |                       | 2023<br>ORM 212 (Revised 20) | 17), Page 2 |

| 29.    | NAME & ADDRESS OF ORGANIZATION<br>(Write in full)  | INCLUSIVE DATES<br>(mm/dd/yyyy)  |                         | NUMBER OF HOURS                       | POSITION / NATURE OF WORK                                    |  |  |
|--------|--|----------------------------------|-------------------------|---------------------------------------|--|--|--|
|        | (write at ton)   | From To                          |                         |                                       |  |  |  |
|        |  |                                  |                         |                                       |  |  |  |
|        |  |                                  |                         |                                       |  |  |  |
|        |  |                                  |                         |                                       |  |  |  |
|        |  |                                  | -                       |                                       |  |  |  |
| -      |  |                                  |                         | -                                     |  |  |  |
|        |  |                                  |                         | 4                                     |  |  |  |
|        |  |                                  |                         |                                       |  |  |  |
|        |  |                                  |                         |                                       |  |  |  |
|        | EARNING AND DEVELOPMENT (L&D)  |                                  |                         | sheet if necessary)                   | SATTENDED  |  |  |
|        | m the most recent L&D/training program and includ  |                                  |                         |                                       |  | hief/Executive/Managerial positions)   |  |
| 30.    | TITLE OF LEARNING AND DEVELOPMENT  | ATTENDANCE (mm/d/l/look) From To |                         | NUMBER OF HOURS                       | Type of LD<br>(Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY  |  |
|        | INTERVENTIONS/TRAINING PROGRAMS (Write in full)  |                                  |                         |                                       |  | (Write in full)  |  |
|        |  |                                  |                         |                                       |  |  |  |
|        |  |                                  | F-77.                   |                                       |  |  |  |
|        |  | -                                |                         |                                       |  |  |  |
|        |  | -                                | ***********             |                                       |  |  |  |
|        |  |                                  |                         |                                       |  |  |  |
|        |  |                                  |                         |                                       |  |  |  |
|        |  |                                  |                         |                                       |  |  |  |
|        |  |                                  | Bertises                |                                       |  |  |  |
|        |  |                                  |                         |                                       |  |  |  |
|        |  | Marian                           |                         |                                       |  |  |  |
|        |  |                                  |                         |                                       |  |  |  |
|        | Andrew Total   |                                  |                         |                                       |  |  |  |
|        |  | 122                              |                         |                                       |  |  |  |
|        |  |                                  |                         |                                       |  |  |  |
| 7      | 7  |                                  |                         |                                       |  |  |  |
| 4      | f deathers 2   |                                  |                         |                                       |  | THE PARTY NAMED IN   |  |
|        | A MALANTA  |                                  |                         |                                       |  |  |  |
| 1      | HERMAN PLOW TO THE STATE OF  |                                  |                         |                                       |  |  |  |
|        | REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TO ADDRESS OF THE PERS |                                  |                         |                                       |  | 135 978  |  |
| #1     | - West William   | (Conti                           | nue on separate         | sheet if necessary)                   | NAME OF TAXABLE PARTY.                                       | Park College C |  |
| iii. O | THER INFORMATION   |                                  |                         |                                       |  | MEMBERSHIP IN  |  |
| 31.    | SPECIAL SKILLS and HOBBIES   | NON                              |                         | STINCTIONS / RECOGN<br>Vrite in full) | ITION  | 3. ASSOCIATION/ORGANIZATION (Write in full)  |  |
|        | COCKTAIL MIXING  |                                  |                         |                                       |  | (timo trico)   |  |
| -      | PAINTING   |                                  |                         |                                       |  |  |  |
|        |  | Bert La                          | aginery at              |                                       | -  |  |  |
| -      | DRAWING  |                                  |                         |                                       |  |  |  |
|        | ARTS AND CRAFTS  |                                  |                         |                                       | 1-1-1  | - 1999   |  |
|        | CULINARY   | 76.554                           | 1                       |                                       | TV NO.   | Charles of the Contract of the |  |
|        | WINE POURING   |                                  | and I plan              |                                       | A LA MAR   | 1122   |  |
|        |  | 1.47 LEGE                        | J. TelCk.I. Ht. Shirtly |                                       |  | The same of  |  |
|        |  | (Con)                            | que on separate         | sheet if necessary)                   | de gran  | IIIII + 7 0  |  |
|        | SIGNATURE  | 9                                | \$007-444.1995.         | DA                                    | 15   | JUN 17 2005  |  |

cs Scanned with CamScanner

| 34.        | Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed,   |   |  |                              |
|------------|---|---|--|------------------------------|
|            | a. within the third degree?   |   | ☐ YES ☑  | NO                           |
|            | b. within the fourth degree (for Local Government Unit - Care   | reer Employees)?  | ☐ YES ☑  |                              |
|            |   | If YES, give details:   |  |                              |
| 35.        | a. Have you ever been found guilty of any administrative offe   | ense?   | ☐ YES ☑  | NO.                          |
|            |   |   | If YES, give details:  | NO.                          |
|            |   |   |  |                              |
|            | b. Have you been criminally charged before any court?   |   | ☐ YES ☑ If YES, give details:  | NO                           |
|            |   |   | Date Filed:  |                              |
|            |   |   | Status of Case/s:  |                              |
| 36.        | Have you ever been convicted of any crime or violation of an regulation by any court or tribunal?   | ny law, decree, ordinance or  | A CONTRACTOR OF THE PARTY OF TH | ] NO                         |
|            | regulation by any country allocator.  |   | If YES, give details:  |                              |
| 37.        | Have you ever been separated from the service in any of the   | e following modes: resignation,   |  | ] NO                         |
|            | retirement, dropped from the rolls, dismissal, termination, en phased out (abolition) in the public or private sector?  | nd of term, finished contract or  | If YES, give details:  | esignation, and End of Term  |
| 38.        | a. Have you ever been a candidate in a national or local elec-<br>(except Barangay election)?   | ction held within the last year   |  | √ NO                         |
|            |   | (a) — the sailed before   | If YES, give details:  |                              |
|            | <ul> <li>b. Have you resigned from the government service during the<br/>the last election to promote/actively campaign for a national</li> </ul>   |   | If YES, give details:  | ☑ NO                         |
| 39.        | Have you acquired the status of an immigrant or permanent   | t resident of another country?  |  | ✓ NO                         |
|            |   |   | If YES, give details (co   |                              |
| 40.        | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag   |   |  |                              |
| a.         | (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89) Are you a member of any indigenous group?   | 972), please answer the following                                       |  |                              |
|            | Are you a member or any mulgenous group.  |   | If YES, please specify:  | ☑ NO                         |
| <b>b</b> . | Are you a person with disability?   |   | ☐ YES [  | ✓ NO                         |
| c.         | Are you a solo parent?  |   | If YES, please specify ID I  | No:                          |
|            | Are you a solo parent;  |   | If YES, please specify ID I  | No:                          |
| 41.        | REFERENCES (Person not related by consanguinity or affinity to applicant  | t /appointee)   |  |                              |
|            | NAME  | ADDRESS   | TEL. NO.   |                              |
|            | ARIEL NOPAL   | INOPACAN, LEYTE   | 9668331978   |                              |
|            | JEBI ALFILLER   | MARIGONDON, LAPU-LAPU CITY  | 9273655970   |                              |
| T          | PAULO GORE  | CEBU CITY   | 9568909323   |                              |
| 42.        | I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized repreherein. I agree that any misrepresentation made in the filing of administrative/criminal case/s against me. | t laws, rules and regulations of the resentative to verify/validate the | e Republic of the contents stated  | RHEYL MARK L CABUOUNHA PHOTO |
|            | Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance   | 1.  |  |                              |
|            | Sovernment Issued ID:   | GHT?  |  |                              |
| H          | D/License/Passport No.:   | the box)  |  |                              |
| H          | Date/Place of Issuance;   | the box)  | Right Thumbmark  |                              |
| -          | PSCPIPED AND SWODN to before me this JUN 17 20  |   |  |                              |
| SUB        | DOCKIDED AND SWOKIN to Delote the bils  | 725 affiant exhibiting his her validly i                                | issued government ID as indic  | cated above.                 |
|            | Page No. 76 Not   | Notarial Commission No. B-23-12-07                                      | II DAYLA   |                              |
|            | Book No. (xsctt)  | Hatel December 31 2025  |  |                              |
|            | Series of MCLE  | Compliance No. VIII-0011446-Valid until A                               | and the second s |                              |
| 1          | cs Scanned with Caro  | S TOP No 19 3 MAIL BEANG  | Oath   |                              |
| 1          | - COULTION WITH COURSE  |   |  |                              |

Asserte Fe Roll No. 42391

R. Magsaysay Avenue, Baybay City, Leyte

## WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied for.

- 2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed starting with the most recent/present employment
- Duration: January 29, 2025 May 25, 2025
- Position: Part-time Instructor
- Name of Office/Unit: Department of Tourism
- Immediate Supervisor: Randy G. Omega
- Name of Agency/Organization and Location: Visayas State University, Baybay City
  - List of Accomplishments and Contributions (if any)
    - Developed revised syllabus for various coursed under the program for the Second Semester of A.Y 2024-2025
    - Designed Table of Specifications for coursed handled.
  - Summary of Actual Duties
- As a part-time college instructor, my primary responsibility is to deliver engaging and effective instruction to my students. I prepare lesson plans, develop course materials, and ensure that my teaching aligns with the institution's academic standards. I assess student progress through assignments, exams, and class participation, providing constructive feedback to support their learning. Though I'm part-time, I remain committed to being accessible to students for guidance and support. I take pride in contributing to their academic growth and maintaining a positive, respectful classroom environment.
  - Duration: August 17, 2023 January 27, 2025
  - Position: Guest Services Officer
  - Name of Office/Unit: Front Office Department
  - Immediate Supervisor: Keyhel Sanchez
  - Name of Agency/Organization and Location: Plantation Bay Resort and Spa, Lapu-Lapu City

#### **Guest Services Excellence**

- Provided outstanding front-line guest service, ensuring a seamless and memorable experience for hundreds of international guests daily.
- Efficiently handled guest inquiries, complaints, and special requests with professionalism and empathy, consistently maintaining high satisfaction scores.
- Recognized in guest feedback and surveys for delivering personalized service that exceeds expectations.
- Collaborated with departments (housekeeping, F&B, excursions) to resolve issues quickly and enhance guest satisfaction.

### **Entertainment & Dance Team Participation**

- Selected as a core member of the dance team, performing in themed dinner events, cultural nights, and special entertainment evenings.
- Rehearsed routines for multicultural performances, contributing to high guest engagement and entertainment value.
- Balanced dual responsibilities between front desk operations and performance

commitments without compromising service quality.

• Received multiple commendations from guests and supervisors for bringing energy and authenticity to performances.

## **Hosting & Event Support**

- Served as a host/emcee for themed events, ensuring smooth flow, guest interaction, and a welcoming atmosphere.
- Assisted in coordinating logistics for large-scale events, ensuring setup, timing, and flow were executed flawlessly.
- Played a key role in building positive atmosphere and rapport with guests, enhancing the overall ambiance of special occasions.
- Summary of Actual Duties
- As a Guest Services Officer and member of the entertainment team, I am responsible for providing exceptional front-line service, handling guest inquiries, and coordinating with various departments to ensure a smooth and enjoyable guest experience. In addition to administrative and reception duties, I perform in themed dinner events and cultural shows, contributing to onboard entertainment. I also serve as a host for special events, engaging guests, supporting event logistics, and enhancing overall guest satisfaction through both service and performance.

RHEYL MARK L. CABUQUING
(Signature over Printed Name of Employee/Applicant)

Date: \_June 17, 2025\_\_\_