

# 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	SANCHEZ		
FIRST NAME	KEREN-HAPPU	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GARCIA		
3. DATE OF BIRTH (mm/dd/yyyy)	09/30/1985	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	HILONGOS, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	DUPLEX HOUSING House/Block/Lot No. _____ Street _____ VISAYAS STATE UNIVERSITY PANGASUGAN Subdivision/Village _____ Barangay _____ BAYBAY CITY LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.54	ZIP CODE	6521
8. WEIGHT (kg)	49		
9. BLOOD TYPE	"B+"	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ TAGBIBI Subdivision/Village _____ Barangay _____ HINDANG LEYTE City/Municipality _____ Province _____
10. GSIS ID NO.	NA	ZIP CODE	6523
11. PAG-IBIG ID NO.	NA		
12. PHILHEALTH NO.	13-050083856-7		
13. SSS NO.	0628204576	19. TELEPHONE NO.	(053) 563-7170
14. TIN NO.	265-874-396	20. MOBILE NO.	0969 446-1380
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	sgsc1410@gmail.com

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	KEVIN JIREH SANCHEZ ANTIPASO	7/10/2008
MIDDLE NAME	NA		
OCCUPATION	NA		
EMPLOYER/BUSINESS NAME	NA		
BUSINESS ADDRESS	NA		
TELEPHONE NO.	NA		
24. FATHER'S SURNAME	SANCHEZ		
FIRST NAME	PRUDENCIO	NAME EXTENSION (JR., SR) NA	
MIDDLE NAME	LORESCA		
25. MOTHER'S MAIDEN NAME			
SURNAME	GARCIA		
FIRST NAME	DELIA		
MIDDLE NAME	MEDILO		

(Continue on separate sheet if necessary)

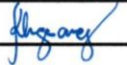
## III. EDUCATIONAL BACKGROUND

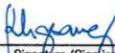
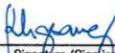
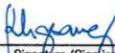



26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	TAGBIBI ELEMENTARY SCHOOL, HINDANG, LEYTE	ELEMENTARY	1992	1998	GRADUATED	1998	NA
SECONDARY	ALEPH CHRISTIAN TRAINING SCHOOL, HILONGOS, LEYTE	SECONDARY	1998	2002	GRADUATED	2002	NA
VOCATIONAL / TRADE COURSE	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY	NC II CAREGIVING	06/20/2011	06/20/2011			NA
COLLEGE	SOUTHWESTERN UNIVERSITY, CEBU CITY	BS NURSING	2002	2006	GRADUATED	2006	NA
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	2012/22
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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			
	NA	NA	NA	NA	NA	
(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			
	Seminar/Update of Mother and Child Nurses Association of the Philippines on "Patient's Safety in the Maternal and Child Nursing Practice	03/04/2011	03/04/2011	8	TECHNICAL	MCNAP Leyte Chapter
	Seminar on Revitalizing Self-Confidence and Building a Healthy Self-Image towards Professional Growth	1/18/2006	1/18/2006	8	TECHNICAL	SWU, Cebu City
	Seminar on Enriching Students' Views on the Impact and Implication of Nursing Globalization	1/10/2006	1/10/2006	8	TECHNICAL	SWU, Cebu City
	Seminar on Abortion: A Nurse's Approach to Ethical and Legal Issues	11/29/2005	11/29/2005	8	TECHNICAL	SWU, Cebu City
	Seminar on Forensic Science: Enriching Nurses' Knowledge on Illegal Drugs and Toxicology	11/23/2005	11/23/2005	8	TECHNICAL	SWU, Cebu City
(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)	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		20/02/22

<p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>											
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>											
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>											
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>											
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>											
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>											
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: <b>FOR PROCESSING</b></p>											
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. SATURNINO B. CABAL</td> <td>BAYBAY CITY, LEYTE</td> <td></td> </tr> <tr> <td>PASTOR JOSHUA JIREH S. SALOMON</td> <td>GUADALUPE, BAYBAY CITY, LEYTE</td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. SATURNINO B. CABAL	BAYBAY CITY, LEYTE		PASTOR JOSHUA JIREH S. SALOMON	GUADALUPE, BAYBAY CITY, LEYTE			
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DR. SATURNINO B. CABAL	BAYBAY CITY, LEYTE											
PASTOR JOSHUA JIREH S. SALOMON	GUADALUPE, BAYBAY CITY, LEYTE											
<p>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.</p>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PRC</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>0452922</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>11/14/2007 Cebu City</td> </tr> </table>	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.:	0452922	Date/Place of Issuance:	11/14/2007 Cebu City	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">             Signature (Sign inside the box)            20 February 2022            Date Accomplished         </td> </tr> </table>	 Signature (Sign inside the box) 20 February 2022 Date Accomplished
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>												