

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

Write in CAPITAL letters. Please indicate N/A if not applicable. Kindly avoid erasure. DO NOT ABBREVIATE.

I. PERSONAL IN	IFORMAT	TION							
1. SURNAME	BORCI								
FIRST NAME	MANUE	L KENNETH	2. NAME EXTENSION (e.g. Jr., Sr.) JR						
MIDDLE NAME	ROCA								
3. DATE OF BIRTH (mm/dd/yyyy)	06/26/19	98	4. PLACE OF BIRTH: PASAY, METRO MANILA						
5. SEX	MALE		6. CIVIL STATUS: SINGLE						
7. PRESENT ADDRESS			8. PERMANENT ADDRESS						
ZONE 3			ZONE 3						
House/Block/Lot No./ Street			House/Block/Lot No./ Street						
GUADALUPE			GUADALUPE						
Subdivision/Village Barangay			Subdivision/Village Barangay						
BAYBAY	LEYTE	6521	BAYBAY LEYTE	6521					
City/ Municipality	Province	Zip Code	City/ Municipality Province	Zip Code					
9. CITIZENSHIP If holder of dual citizenship Pls. indicate country: 10. HEIGHT (cm/ ft)	163 CM	- PHILIPPINES)	17. RELIGION	Roman Catholic Protestant Seventh-day Adventist Christian					
11. WEIGHT (kg)	79 KG			Others:					
12. BLOOD TYPE	О		18. TELEPHONE NO.	N/A					
13. PAG-IBIG ID NO.	1212831	00983	19. E-MAIL ADDRESS (personal email)	borcimanuelkenneth@gmail.com					
14. PHILHEALTH NO.	13-00012	25353-1	20 MOBILE NO.	09502811459					
15. SSS NO.	34-93602	297-3	21. AGENCY EMPLOYEE NO.	(6332) 515-1851					
16.TIN / BIR NO.	723-421-	402	22. GSIS ID NO. (if applicable)	N/A					
II. FAMILY BACK	GROUNE)							
23. SPOUSE'S SURNAN	ΛE	N/A	OCCUPATION	N/A					
FIRST NAME MIDDLE NAME		N/A	EMPLOYER/BUS. NAME	N/A					
		N/A	BUSINESS ADDRESS	N/A					
DATE OF BIRTH (mm,	/dd/yyyy)		TELEPHONE NO./ MOBILE NO.	N/A					
24. FATHER'S:SURNAME		BORCI	26. NAME OF CHILD (Write full name & list all)	DATE OF BIRTH (mm/dd/yyyy)					
FIRST NAME MIDDLE NAME		MANUEL KENNETH	N/A	N/A					
		BALDEA							
		0=1001404=							
DATE OF BIRTH (mm/dd/yyyy)		07/28/1967							
25. MOTHER'S MAIDEN SURNAME		ROCA							
		GREGORIA	27.CONTACT PERSON IN CASE OF EMERGENCY						
	「NAME		GREGORIA R. BORCI						
IVIIDDLI	E NAME	BARTOLINI	28.RELATIONSHIP OF THE CONTACT PERSON: MOTHER						
DATE OF BIRTH (mm/dd/yyyy) 10/01/1969			29.CONTACT NUMBER : 09975411578						

III. EDUCAT	IONAL BACKGRO	UND													
30. LEVEL	NAME OF SCHOOL (Write in full)		DEGREE COURSE (Write in full)		GRA	YEAR ADUATED (raduated)	HIGH GRADE/ NITS E/ (if	LEVEL/U ARNED not	INCLUSIVE DA OF ATTENDA			SCHOLARSHIP/ ACADEMIC HONORS RECEIVED			
ELEMENTARY	GUADALUPE ELEMENTARY SCHOOL			BASIC EDUCATION			Ź	2011		graduated) GRADUATE		2	011	NONE	
SECONDARY	VISAYAS STATE UNIVERITY LABORATORY HIGH SCHOOL			CHED-BEC			2014	GRAD	GRADUATE		2	014	NONE		
	N/A														
COLLEGE	VISAYAS STATE UNIVERIT		ERITY	BSED-MAPEH		2	2018	GRAD	GRADUATE		2014 2018		NONE		
GRADUATE STUDIES	VISAYAS STATE UNIVERI		ERITY	MA.ED		ED	2	2019	9 UNITS EARNED		2019	2019		NONE	
IV. CIIVIL SERVICE	ELICIDILITY														
	SERVICE / RA 108	n	RΛΤ	ING		ATE OF		PLACE C)E		LICENSE	= (if	annlic	ahle)	
	ARD/BAR)	.0	RATING		EXAMINATION /		E.	EXAMINATION,		NU	JMBER			DATE OF	
UNDER SPEC	IAL LAWS/CES/CS	EE			CON	IFERMENT	7		ENT				RELEASE		
PROFESSIONA	PROFESSIONAL LICENSE TEACHER			74.60		09/30/2018		ACLOBAN CITY, LEYTE		1722398		01/14/20		1/14/2019	
V. WORK EXPERIE		vate em	ploym	ent. St		,	nt wor	rk)	1 6	AL A DV					
	32. INCLUSIVE DATES (mm/dd/yyyy)				PARTMENT / NCY / OFFICE /	PARTMENT /			SALARY GRADE & STEP		STATUS OF		GOV'T		
(W		rite in full)			COMPANY		MONTHLY SALARY		INCREMENT		APPOINTMENT		SERVICE		
From To			`			Write in full)								(Yes/No)	
03/15/2020	04/18/2022		CSR		SITEL				18,500		CONT			NO	
10/15/2022	01/15/2023					C OF ORMOC		21,000				CONTRACT		NO	
08/16/2023		05/15/2025 PRIVATE TEAC			ACHER ABUYOG ACADEMY VIC / NON-GOVERNMENT / PEOPI			11,200		CONTRACT NO					
	VORK OR INVOLV RESS OF ORGANIZA		IN CIV	-			PEOP	-						IATURE OF	
	rite in full)	TION	INCLUSIVE DATES (mm/dd/yyyy)				NUMBER OF HOURS			POSITION / NATURE OF WORK					
NT/A			From To												
N/A			/ /			/ /	/								
			/ /			/ /	/								
VII. TRAINING PRO	GRAMS (Start from	the mos	t recen	/ / t traini	ng.)	/ /									
	TITLE OF					OF ATTENDAN	CE	NUN	∕IBER OF	HOURS	CC	NDU	JCTED/	SPONSORED	
SEMINAR/CONFERENCE/WORKSHOP/SHOR			(mm/dd/yyyy)				4					BY			
T COURSES (Write in full)			From			ТО							(Write in full)		
BASIC COMPUTER LITERACY			01/23/2025 02			02/03/20	2025		80	ELT	ELTECH LEARNING HUB				
				/ / /											
				/ /		/ /									
VIII. OTHER INFO															
35. SPECIAL SKILLS/HOBBIES			36. NON-ACADEMIC DISTINCTIONS/RECOGNITION (Write in full)					37. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)							
SPORTS	ENTHUSIAST					,					,				
COMPU	TER LITERATE														
38. Are you related	d by consanguinity	or affinit	y to an	y of the	followir	ng:			ı						
a. Within tl	he third degree (fo	r Nation	al Gove	rnmen	t Employ	vees).			□ YES	→ NO					
Appointi	ing authority, recorn who has immedia	nmendin	g autho	ority, cl	nief of of	fice/bureau/de	-		If YES, giv		:				

	vill be appointed? (for Local Government Employees): ecommending authority where you will be appointed?		s ● NO s, give details:				
39. a. Have you ever been formally	charged?	☐ YES ☐ NO If YES, give details:					
b. Have you ever been	guilty of any administrative offense?	☐ YES					
40. Have you ever been convicted or regulation by any court or tribunal	of any crime or violation of any law, decree, ordinance or ?	☐ YES ■ NO If YES, give details:					
	from the service in any of the following modes: resignation, , dismissal, termination, end of term, finished contract, or private sector?	☐ YES ♠ NO If YES, give details:					
42. Have you ever been a candidate	e in a national or local election (except Barangay election?	☐ YES ♠ NO If YES, give details:					
	pple's Act (RA 8371); (b) Magna Carta for Disabled ents Welfare Act of 2000 (RA 8972), please answer the r indigenous group?		S → NO S, give details:				
b. Are you differently abled	?	☐ YES ■ NO If YES, give details:					
c. Are you a solo parent?		□ YES ♠NO If YES, give details:					
44. CHARACTER REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)							
NAME	Complete Address (Home/ Company Name/ Name of Institution)	CONTACT NO.					
SHIERA LYN HIMANG	MALAYBALAY, BUKIDNON	09586311125					

45. 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.

ABUYOG, LEYTE

ORMOC CITY

I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

MANUEL KENNETH R. BORCI JR

NINO J. COTEJAR

THEODY MAE PRADO

Signature over Printed Name

Date Accomplished

Con Section 1

09165619419

09982625387

NOTE:

Indicate the landmark, house #, street / road name

At the lower right part of the box, put instructions on what to ride, where to stop and who to look for (from Keppel) If present address is the same as permanent address, indicate SAME AS PRESENT ADDRESS

PRESENT ADDRESS:



