

PERSONAL DATA SHEET

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.

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	ORAÑO		
FIRST NAME	PAMELA		
MIDDLE NAME	POSAS		
3. DATE OF BIRTH (mm/dd/yyyy)	8/12/1975	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	BAYBAY CITY, 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		
7. HEIGHT (m)	1.55 m	17. RESIDENTIAL ADDRESS	PURUK ILANG-ILANG House/Block/Lot No. Street Subdivision/Village Brgy. MARCOS BAYBAY CITY LEYTE City/Municipality Province 6521
8. WEIGHT (kg)	60	ZIP CODE	
9. BLOOD TYPE	BAYBAY CITY, LEYTE	18. PERMANENT ADDRESS	PURUK ILANG-ILANG House/Block/Lot No. Street Subdivision/Village Brgy. MARCOS BAYBAY CITY LEYTE City/Municipality Province 6521
10. GSIS ID NO.	000-6258-8764-0	ZIP CODE	
11. PAG-IBIG ID NO.	1210-1877-5083	19. TELEPHONE NO.	053-563-7534
12. PHILHEALTH NO.	13-050060519-8	20. MOBILE NO.	09167668828
13. SSS NO.	06-2588764-0	21. E-MAIL ADDRESS (if any)	pagel.060898@gmail.com
14. TIN NO.	949-072-246		
15. AGENCY EMPLOYEE NO.	V000785		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ORAÑO		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ANGELO	NAME EXTENSION (JR., SR)	JUNE ANTONELLA P. ORAÑO	6/18/1999
MIDDLE NAME	PEDROSA		MARIELL NICOLE P. ORAÑO	10/11/2000
OCCUPATION	SEAFARER		PHOENIELOPE P. ORAÑO	12/11/2006
EMPLOYER/BUSINESS NAME	MICHAELMAR PHILIPPINES INCORPORATED		MARTINA ANGELA P. ORAÑO	04/082013
BUSINESS ADDRESS	4723 ARELLANO ST. CORNER ZOBEL, ROXAS ST. BRGY PALANAN, MAKATI CITY			
TELEPHONE NO.	(02) 403 2480			
24. FATHER'S SURNAME	POSAS			
FIRST NAME	OSCAR	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BAGARINAO			
25. MOTHER'S MAIDEN NAME	MARTINA GODINES BAGARINAO			
SURNAME	POSAS			
FIRST NAME	MARTINA			
MIDDLE NAME	BAGARINAO			

(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	VISCA FOUNDATION ELEMENTARY SCHOOL		1982	1988			
SECONDARY	EXPERIMENTAL RURAL HIGHSCHOOL		1988	1992		1992	
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BACHELOR OF SCIENCE IN STATISTICS	1992	1997		1997	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER IN MANAGEMENT	2014	ONGOING	40 UNITS		

(Continue on separate sheet if necessary)

SIGNATURE

Orano

DATE

4/17/17

[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>[Signature]</i>	DATE	4/17/17
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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	None	None	None	None

(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)

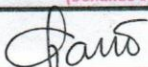
30	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ISO 9001:2015 Enhancement Seminar -Workshop on Internal Quality Audit	3/2/2017	3/3/2017	16	Technical	VISAYAS STATE UNIVERSITY
	Seminar-Workshop on 5s & Records Management	2/18/2017	2/18/2017	8	Technical	VISAYAS STATE UNIVERSITY
	Workshop to Review and Improve Citizen's Charter Per CSC MC No. 14, s. 2016	9/1/2016	9/1/2016	8	Technical	VISAYAS STATE UNIVERSITY
	Orientation on " Meeting your Horizontal Type" for All State Universitites and Colleges	8/22/2016	8/23/2016	16	Technical	COMMISSION ON HIGHER EDUCATION
	Zonal Orientation on Simulation Workshop on the Levelling of State Universities and Colleges for FY	7/21/2016	7/21/2016	8	Technical	COMMISSION ON HIGHER EDUCATION
	Workshop for AACUP Institutional Accreditation (2nd Round)	4/10/2016	4/12/2016	24	Technical	VISAYAS STATE UNIVERSITY - QUALITY ASSURANCE CENTER
	Seminar Workshop on the Implementation of Outcomes Based Eduaction - Facilitator	4/4/2015	4/5/2015	16	Technical	VISAYAS STATE UNIVERSITY
	"AY 2014-2015 HEMIS Data Collection on using the CHED Electronic Collection and Knowledge	8/1/2014	8/1/2014	8	Technical	COMMISSION ON HIGHER EDUCATION
	Induction Oath Taking and Orientation of Newly Hired Promoted Administrative Staff	7/29/2013	7/29/2013	8	Technical	VISAYAS STATE UNIVERSITY -Office of the Director for Administration and Human Resource Development
	Planning Workshop for Program Accreditation	2/8/2013	2/8/2013	8	Technical	VISAYAS STATE UNIVERSITY - QUALITY ASSURANCE CENTER
	Personality Development for Frontliners	8/20/2013	8/20/2013	8	Technical	VISAYAS STATE UNIVERSITY -Office of the Director for Administration and Human Resource Development

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

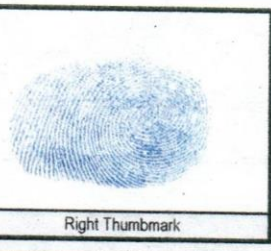
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	computer literate		none		Visayas State University Credit Cooperative
	listening to music				Leyte State University Administrative Personnel Association
	playing kickball and volleyball				
	Cooking				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	4/17/17
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34. Are you related by consanguinity or affinity to 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?
b. within the fourth degree (for Local Government Unit - Career Employees)?
35. a. Have you ever been found guilty of any administrative offense?
b. Have you been criminally charged before any court?
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?
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?
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?
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?
39. Have you acquired the status of an immigrant or permanent resident of another 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?
b. Are you a person with disability?
c. Are you a solo parent?

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)
NAME ADDRESS TEL. NO.
SULPECIO BANTUGAN MARCOS, BAYBAY CITY, LEYTE
ANDRELI PARDALES GUADALUPE, BAYBAY CITY, LEYTE
CRISANTO A. MAZO MARCOS, BAYBAY CITY, LEYTE
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: GSIS UMID CARD
ID/License/Passport No.: 000-6258-8764-0
Date/Place of Issuance:

Signature (Sign inside the box)
Date Accomplished

SUBSCRIBED AND SWORN to before me this APR 19 2017, affiant exhibiting his/her validly issued government ID as indicated above.
ATTY. RYSAN C. GUINOCOR
NOTARY PUBLIC
UNTIL DECEMBER 31, 2017
PTR 0495869 - BAYBAY/LEYTE - 12/12/17
IBP 1030924 - TAGLOBAN CITY - 12/19/16
MCLE COMP. NO. V-0000580-07/20/15
ROLL OF ATTORNEYS NO. 57467
CS FORM 212 (Revised 2017), Page 4 of 4