

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 (☐) 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	URDANETA		
FIRST NAME	PETER BEN LAURICE		NAME EXTENSION (JR., SR) NA
MIDDLE NAME	HONORIO		
3. DATE OF BIRTH (mm/dd/yyyy)	22/08/1989	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, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	
7. HEIGHT (m)	1.71 M	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	71 KGS.		Subdivision/Village Barangay
9. BLOOD TYPE	"A"		BAYBAY CITY LEYTE
10. GSIS ID NO.	2005924564		City/Municipality Province
11. PAG-IBIG ID NO.	1212-0434-9716	18. PERMANENT ADDRESS	JOSE ABAD SANTOS ST.
12. PHILHEALTH NO.	13-000103589-5	ZIP CODE	House/Block/Lot No. Street
13. SSS NO.	NA		Subdivision/Village Barangay
14. TIN NO.	285-291-349		BAYBAY CITY LEYTE
15. AGENCY EMPLOYEE NO.	NA		City/Municipality Province
16. CITIZENSHIP		19. TELEPHONE NO.	NA
17. RESIDENTIAL ADDRESS		20. MOBILE NO.	0926-498-5076
18. PERMANENT ADDRESS		21. E-MAIL ADDRESS (if any)	Pblurdaneta@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		NAME EXTENSION (JR., SR)	PETER CHUCKY SLADE A. URDANETA	1/21/14
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	URDANETA			
FIRST NAME	FELIX	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LICANDA			
25. MOTHER'S MAIDEN NAME				
SURNAME	HONORIO			
FIRST NAME	PAMELA			
MIDDLE NAME	ARABILLA		(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	BAYBAY SOUTH CENTRAL SCHOOL	GRADE VI	1996	2002	Graduated	2002	NA
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	FOURTH YEAR	2002	2006	Graduated	2006	NA
VOCATIONAL / TRADE COURSE	NA						
COLLEGE	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION	ASSOCIATE IN COMPUTER TECHNOLOGY	2006	2009	Graduated	2009	NA
GRADUATE STUDIES	NA						

(Continue on separate sheet if necessary)		SIGNATURE	DATE
			11/28/22

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				

(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			
	GENDER SENSITIVITY	09/09/2014	09/09/2014	8 HOURS	Technical	CRISTINA GABRILLO
	TARGET SETTING WORKSHOP	20/08/2018	21/08/2018	16 HOURS	Technical	LOURDES B. CANO
	ORIENTATION WORKSHOP AMONG JO CLERK & LABORATORY TECHNICIANS	16/01/2018	16/01/2019	8 HOURS	Technical	LOURDES B. CANO
	CYBR SECURITY TRAINING (HRMS)	18/12/2019	19/12/2019	16 HOURS	Technical	BIENVENIDO S. BASAL
	WEBINAR ON KNOW YOUR MONEY COUNTERFEIT DETECTION	26/02/2021	26/02/2021	8 HOURS	Technical	NOLAN N. NABONG

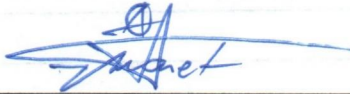
(Continue on separate sheet if necessary)

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		NA		NA
	TYPING AND DRIVING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11/28/22
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<p>34. Are you related by consanguinity or affinity to the 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,</p> <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 checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. Maria Juliet C. Ceniza</td> <td>VSU, Visca, Baybay City, Leyte</td> <td>0917-309-5016</td> </tr> <tr> <td>Dr. Marisel A. Leonra</td> <td>VSU, Visca, Baybay City, Leyte</td> <td>0906-607-5898</td> </tr> <tr> <td>Dr. Eutiquio E. Sudaria</td> <td>VSU, Visca, Baybay City, Leyte</td> <td>0917-3065-331</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Maria Juliet C. Ceniza	VSU, Visca, Baybay City, Leyte	0917-309-5016	Dr. Marisel A. Leonra	VSU, Visca, Baybay City, Leyte	0906-607-5898	Dr. Eutiquio E. Sudaria	VSU, Visca, Baybay City, Leyte	0917-3065-331
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<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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: TIN</p> <p>ID/License/Passport No.: 285-291-349</p> <p>Date/Place of Issuance: 11/11/2009</p>	<div style="text-align: center;">  Signature (Sign inside the box) </div> <div style="text-align: center;"> _____ Date Accomplished </div>												
<p>SUBSCRIBED AND SWORN to before me this 2255 JAN 2023 at _____</p> <p>_____</p> <p>Person Administering Oath</p>													