

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	LEBANTE			
FIRST NAME	MERALYN	NAME EXTENSION (JR, SR) N/A		
MIDDLE NAME	ROBLEDO			
3. DATE OF BIRTH (mm/dd/yyyy)	AUGUST 24, 1994	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 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	LOWER House/Block/Lot No. Street Subdivision/Village KAMBONGGAN Barangay BAYBAY CITY LEYTE City/Municipality Province 6521	
7. HEIGHT (m)	1.63 m	18. PERMANENT ADDRESS	LOWER House/Block/Lot No. Street Subdivision/Village KAMBONGGAN Barangay BAYBAY CITY LEYTE City/Municipality Province 6521	
8. WEIGHT (kg)	50 kg		ZIP CODE	6521
9. BLOOD TYPE	O+		19. TELEPHONE NO.	NONE
10. GSIS ID NO.	2004860746	20. MOBILE NO.	0918-636-4693	
11. PAG-IBIG ID NO.	121164983554	21. E-MAIL ADDRESS (if any)	meralebante@gmail.com	
12. PHILHEALTH NO.	13-000120330-5			
13. SSS NO.	06-3564623-7			
14. TIN NO.	463-458-411			
15. AGENCY EMPLOYEE NO.	00659			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR, SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	LEBANTE			
FIRST NAME	ZACARIAS	NAME EXTENSION (JR, SR) N/A		
MIDDLE NAME	RALLOS			
25. MOTHER'S MAIDEN NAME	MARIA FE COLANGO ROBLEDO			
SURNAME	ROBLEDO			
FIRST NAME	MARIA FE			
MIDDLE NAME	COLANGO		(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	KAMBONGGAN ELEMENTARY SCHOOL	GRADUATE	2000	2006	GRADUATED	2006	VALEDICTORIAN
SECONDARY	MAKINHAS NATIONAL HIGH SCHOOL	GRADUATE	2006	2010	GRADUATED	2010	SALUTATORIAN
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN STATISTICS	2010	2014	GRADUATED	2014	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER IN MANAGEMENT MAJOR IN BUSINESS MANAGEMENT	2017	2022	GRADUATED	2022	

SIGNATURE		DATE	2/2/2023
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[illegible]

**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

<b>SIGNATURE</b>		<b>DATE</b>	3/28/2023
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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		
	VSU STATISTICAL SOCIETY	6/1/2010	5/9/2014		TREASURER, OFFICER, & MEMBER
	VSU COLLEGE OF ARTS AND SCIENCES	6/1/2010	5/9/2014		MEMBER
	BAYBAY LOCAL GOVERNMENT EMPLOYEES ASSOCIATION	2/16/2016	8/31/2020		MEMBER

(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			
	INTERNATIONAL COURSE PROGRAM (ICP) SOUTH WORKSHOP	5/24/2022	5/27/2022	4 DAYS		DEPARTMENT OF STATISTICS, VISAYAS STATE UNIVERSITY, & HASSELT UNIVERSITY
	INTRODUCTION TO LaTeX AND LyX	3/4/2022	3/4/2022	1 DAY		DEPARTMENT OF MATHEMATICS, VISAYAS STATE UNIVERSITY
	SEMINAR ON APPRAISAL AND DISPOSAL OF GOVERNMENT PROPERTY	6/18/2019	6/20/2019	3 DAYS		COMMISSION ON AUDIT, PALO, LEYTE
	14TH CBMS PHILIPPINES NATIONAL CONFERENCE	3/5/2018	3/7/2018	3 DAYS		COMMUNITY-BASED MONITORING SYSTEM INTERNATIONAL NETWORK
	LAWS AND RULES ON GOVERNMENT EXPENDITURE	10/3/2017	10/6/2017	4 DAYS		COMMISSION ON AUDIT, PALO, LEYTE
	INTERNAL CONTROL STRUCTURE	9/19/2017	9/22/2017	4 DAYS		COMMISSION ON AUDIT, PALO, LEYTE
	MONITORING PROGRESS ON DECENT WORK THROUGH STATISTICS: PATHWAY TO INCLUSIVE GROWTH	3/2/2017	3/3/2017	2 DAYS		CPDO, LGU-BAYBAY CITY, LEYTE
	HANDS-ON COMPUTER TRAINING OF BMIS DATA UPDATING & INTEGRATION TO BNS-OPT PLUS TOOL	1/9/2017	1/13/2017	5 DAYS		DEPARTMENT OF ECONOMICS, VISAYAS STATE UNIVERSITY
	WORKSHOP ON ECONOMIC RESEARCH METHODS	10/23/2012	10/23/2012	8 HRS.		VISAYAS STATE UNIVERSITY
	ORIENTATION SEMINAR-WORKSHOP ON THE USE OF R FOR STATISTICAL ANALYSIS	10/22/2013	10/22/2013	8 HRS.		VISAYAS STATE UNIVERSITY
	WORKSHOP ON MAINSTREAMING DISASTER AND CLIMATE RISKS IN THE ECOLOGICAL PROFILE OF THE CITY OF BAYBAY	10/16/2015	10/17/2015	2 DAYS		LGU-BAYBAY CITY, LEYTE

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER LITERATE (MS WORD & EXCEL)	NONE		BAYBAY LOCAL GOVERNMENT EMPLOYEES ASSOCIATION (BaLGEA)
	SKILLED IN HANDLING STATISTICAL SOFTWARE (SPSS, R, SAS)			
	GOOD INTERPERSONAL AND ORGANIZATIONAL SKILLS			
	HOBBIES: SINGING, PLAYING GUITAR/ UKULELE			
	BRUSH CALLIGRAPHY, WATERCOLOR PAINTING, READING			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	3/28/2023
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed,

a. within the third degree?

b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES

☒ NO

☐ YES

☒ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?

b. Have you been criminally charged before any court?

☐ YES

☒ NO

If YES, give details:

☐ YES

☒ NO

If YES, give details:

Date Filed:

Status of Case/s:

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES

☒ NO

If YES, give details:

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?

☐ YES

☒ NO

If YES, give details:

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?

☐ YES

☒ NO

If YES, give details:

☐ YES

☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES

☒ NO

If YES, give details (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

a. Are you a member of any indigenous group?

b. Are you a person with disability?

c. Are you a solo parent?

☐ YES

☒ NO

If YES, please specify:

☐ YES

☒ NO

If YES, please specify ID No:

☐ YES

☒ NO

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
PTR. EPHRAIM M. CASTOS	STA. CRUZ, BAYBAY CITY, LEYTE	0935-948-6713
GRACE J. TRIPOLI	GAAS, BAYBAY CITY, LEYTE	0917-168-8311
ROLANDO SOSMEÑA	BAYBAY CITY, LEYTE	0916-184-2992

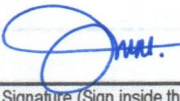
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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: UMID

ID/License/Passport No.: 021-1581-9923-1

Date/Place of Issuance: LGU-BAYBAY CITY, LEYTE



Signature (Sign inside the box)

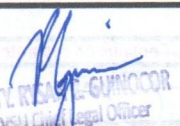
3/28/2023

Date Accomplished

PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 31 MAR 2023, affiant exhibiting his/her validly issued government ID as indicated above.



Person Administering Oath

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