

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	SUGANOB		
FIRST NAME	FABIENNE ANN		NAME EXTENSION (JR., SR)
MIDDLE NAME	VILBAR		
3. DATE OF BIRTH (mm/dd/yyyy)	11/08/1998	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	Ormoc City	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	301, Block 15 Philrads House/Block/Lot No. Street Liniao Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	6541
8. WEIGHT (kg)	51.5		
9. BLOOD TYPE	AB	18. PERMANENT ADDRESS	301, Block 15 Philrads House/Block/Lot No. Street Liniao Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province
10. GSIS ID NO.		ZIP CODE	6541
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.			
13. SSS NO.	None	19. TELEPHONE NO.	None
14. TIN NO.		20. MOBILE NO.	09083024336
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	<a href="mailto:fabienneannsuganob@gmail.com">fabienneannsuganob@gmail.com</a>


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	NAME EXTENSION (JR., SR)	NA	NA
MIDDLE NAME	NA		NA	NA
OCCUPATION	NA		NA	NA
EMPLOYER/BUSINESS NAME	NA		NA	NA
BUSINESS ADDRESS	NA		NA	NA
TELEPHONE NO.	NA		NA	NA
24. FATHER'S SURNAME	SUGANOB		NA	NA
FIRST NAME	JOSELITO	NAME EXTENSION (JR., SR)	NA	NA
MIDDLE NAME	TARIPE		NA	NA
25. MOTHER'S MAIDEN NAME			NA	NA
SURNAME	VILBAR		NA	NA
FIRST NAME	ROWENA		NA	NA
MIDDLE NAME	CABAHUG		(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	Liniao Central School	NA	06/01/2005	03/31/2011	Graduated	2011	2nd Honor
SECONDARY	New Ormoc City National High School	NA	06/01/2011	03/31/2015	Graduated	2015	None
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	Visayas State University	Bachelor of Science in Statistics	06/01/2015	06/14/2019	Graduated	2019	DOST-SEI/ Cum laude
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 1 of 4
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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]

SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 2 of 4
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[illegible]

#### VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED



[illegible]

VIII. OTHER INFORMATION

[illegible]

SIGNATURE		DATE	10/02/18	CS FORM 212 (Revised 2017), Page 3 of 4
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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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Dr. Jacqueline M. Guarte</td><td>Visca Baybay City, Leyte</td><td>09164057852</td></tr><tr><td>Dr. Norberto E. Milla</td><td>Visca Baybay City, Leyte</td><td>09358590890</td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. Jacqueline M. Guarte	Visca Baybay City, Leyte	09164057852	Dr. Norberto E. Milla	Visca Baybay City, Leyte	09358590890			
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Dr. Norberto E. Milla	Visca Baybay City, Leyte	09358590890											
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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td><td rowspan="4"><div>Signature (Sign inside the box)</div><div>Date Accomplished</div></td></tr><tr><td>Government Issued ID:</td></tr><tr><td>ID/License/Passport No.:</td></tr><tr><td>Date/Place of Issuance:</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	<div>Signature (Sign inside the box)</div> <div>Date Accomplished</div>	Government Issued ID:	ID/License/Passport No.:	Date/Place of Issuance:	<div> FABIENNE ANN V. SUGANCO PHOTO</div> <div> Right Thumbmark</div>							
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Government Issued ID:													
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SUBSCRIBED AND SWORN to before me this <u>29 AUG 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<div>ATTY. RYSAN G. GUINOCOP Person Administering Oath</div>													