

# 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	DAMICOG		
FIRST NAME	MARIANNE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LINGANAY		
3. DATE OF BIRTH (mm/dd/yyyy)	11/21/1997	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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay INOPACAN LEYTE City/Municipality Province
7. HEIGHT (m)	1.64	ZIP CODE	6522
8. WEIGHT (kg)	70		18. PERMANENT ADDRESS
9. BLOOD TYPE	N/A	ZIP CODE	6522
10. GSIS ID NO.	N/A		19. TELEPHONE NO.
11. PAG-IBIG ID NO.	121268579086	20. MOBILE NO.	09317613054
12. PHILHEALTH NO.	13-250527048-0	21. E-MAIL ADDRESS (if any)	damicogmarianne21@gmail.com
13. SSS NO.	N/A		
14. TIN NO.	374-481-427-000		
15. AGENCY EMPLOYEE NO.	N/A		

## 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	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DAMICOG			
FIRST NAME	RAUL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	AÑONUEVO			
25. MOTHER'S MAIDEN NAME				
SURNAME	LINGANAY			
FIRST NAME	EMMA			
MIDDLE NAME	ALITO		(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	TAHUD ELEMENTARY SCHOOL	BASIC EDUCATION	2004	2010	N/A	2010	VALEDICTORIAN
SECONDARY	TAHUD NATIONAL HIGH SCHOOL	BASIC EDUCATION	2010	2014	N/A	2014	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN CIVIL ENGINEERING	2014	2019	N/A	2019	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)


SIGNATURE	DATE	11-13-2024
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CIVIL ENGINEER	79.8	NOVEMBER 2019	CEBU CITY	0172764	11/21/2025
	MASTER PLUMBER	78.2	JULY 2022	CEBU CITY	0016349	11/21/2025

### ✓ Nicht-Extrakt

[illegible]

SIGNATURE		DATE	
		11-13-2024	



# **VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS**

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
N/A					

(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			
	SUPERVISORY TRAINING DEVELOPMENT ,TRACK 1	4/9/2024	4/10/2024	16.0	SUPERVISORY	QM BUILDERS
	ORIENTATION AND ACCREDITATION TRAINING FOR CONTRACTOR'S PERFORMANCE EVALUATION SYSTEM (CPES)	11/23/2022	11/25/2022	24.0	TECHNICAL	VISAYAS STATE UNIVERSITY

(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)
	N/A			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11-13-2024
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<p>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,</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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>END OF</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</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>

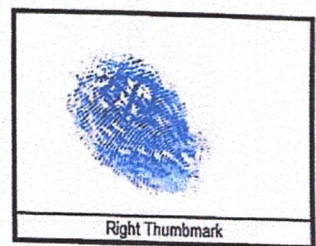
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
MARIA BEA DEÑOSO	ORMOC CITY	9073083710
ENGR. JANAH LANAWAN	BAYBAY CITY	9501233157
DRA. AZUCENA MIRAMBEL	INOPACAN LEYTE	9178263130

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: _____
ID/License/Passport No.: PRC 0172784
Date/Place of Issuance: 11/22/2019 ORMOC CITY

<p>Signature (Sign inside the box)</p> <p>11-12-2024</p> <p>Date Accomplished</p>
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SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

<p>Person Administering Oath</p>
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