

## 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)<br>NA   |
| MIDDLE NAME                      | HONORIO   |  |  |
| 3. DATE OF BIRTH<br>(mm/dd/yyyy) | 8/22/1989   | 18. CITIZENSHIP  | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 4. PLACE OF BIRTH                | BAYBAY, LEYTE   | If holder of dual citizenship,<br>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<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS  | House/Block/Lot No. Street<br>Subdivision/Village ZONE 8<br>Barangay<br>BAYBAY CITY LEYTE<br>City/Municipality Province  |
| 7. HEIGHT (m)                    | 1.71 M  | ZIP CODE   | 6521   |
| 8. WEIGHT (kg)                   | 71 KGS.   |  |  |
| 9. BLOOD TYPE                    | "A"   | 18. PERMANENT ADDRESS  | JOSE ABAD SANTOS ST.<br>House/Block/Lot No. Street<br>Subdivision/Village ZONE 8<br>Barangay<br>BAYBAY CITY LEYTE<br>City/Municipality Province  |
| 10. GSIS ID NO.                  | 2005924564  | ZIP CODE   | 6521   |
| 11. PAG-IBIG ID NO.              | 1212-0434-9716  |  |  |
| 12. PHILHEALTH NO.               | 13-000103589-5  |  |  |
| 13. SSS NO.                      | NA  | 19. TELEPHONE NO.  | NA   |
| 14. TIN NO.                      | 285-291-349   | 20. MOBILE NO.   | 0926-498-5076  |
| 15. AGENCY EMPLOYEE NO.          | NA  | 21. E-MAIL ADDRESS (if any)                                    | Pblurdaneta@gmail.com  |

## II. FAMILY BACKGROUND

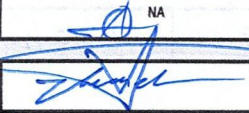
|                          |                          |                          |   |                            |
|--------------------------|--------------------------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME     | NA                       |                          | 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<br>(Write in full)              | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full) | PERIOD OF ATTENDANCE |      | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR<br>GRADUATED | SCHOLARSHIP/<br>ACADEMIC<br>HONORS<br>RECEIVED |
|------------------------------|--|--|----------------------|------|--|-------------------|--|
|                              |  |  | From                 | To   |  |                   |  |
| ELEMENTARY                   | BAYBAY SOUTH CENTRAL<br>SCHOOL                 | GRADE VI   | 1996                 | 2002 | Graduated  | 2002              | NA   |
| SECONDARY                    | BAYBAY NATIONAL HIGH<br>SCHOOL                 | FOURTH YEAR                                      | 2002                 | 2006 | Graduated  | 2006              | NA   |
| VOCATIONAL /<br>TRADE COURSE | NA   |  |                      |      |  |                   |  |
| COLLEGE                      | FRANCISCAN COLLEGE OF<br>IMMACULATE CONCEPTION | ASSOCIATE IN COMPUTER<br>TECHNOLOGY              | 2006                 | 2009 | Graduated  | 2009              | NA   |
| GRADUATE STUDIES             | NA   |  |                      |      |  |                   |  |

(Continue on separate sheet if necessary)

|           |   |      |         |
|-----------|---|------|---------|
| SIGNATURE |  | DATE | 6/18/24 |
|-----------|---|------|---------|







**VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S**

| 29. | NAME & ADDRESS OF ORGANIZATION<br>(Write in full) | INCLUSIVE DATES<br>(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<br>(Write in full) | INCLUSIVE DATES OF<br>ATTENDANCE<br>(mm/dd/yyyy) |            | NUMBER OF HOURS | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full) |
|-----|--|--|------------|-----------------|---|--|
|     |  | From   | To         |                 |   |  |
|     | GENDER SENSITIVITY   | 9/9/2014   | 9/9/2014   | 8 HOURS         | Technical   | CRISTINA GABRILLO                          |
|     | TARGET SETTING WORKSHOP  | 08/20/2018                                       | 08/21/2018 | 16 HOURS        | Technical   | LOURDES B. CANO                            |
|     | ORIENTATION WORKSHOP AMONG JO CLERK & LABORATORY TECHNICIANS                         | 01/16/2019                                       | 1/16/2019  | 8 HOURS         | Technical   | LOURDES B. CANO                            |
|     | CYBR SECURITY TRAINING (HRMS)  | 12/18/2019                                       | 12/19/2019 | 16 HOURS        | Technical   | BIENVENIDO S. BASAL                        |
|     | WEBINAR ON KNOW YOUR MONEY COUNTERFEIT DETECTION                                     | 02/26/2021                                       | 02/26/2021 | 8 HOURS         | Technical   | NOLAN N. NABONG                            |
|     | CASH MANAGEMENT AND CONTROL SYSTEM   | 11/21/23   | 11/23/23   | 24 HOURS        |   | ATTY. FELIX M. BASALLAJE, JR.              |
|     |  |  |            |                 |   |  |
|     |  |  |            |                 |   |  |
|     |  |  |            |                 |   |  |

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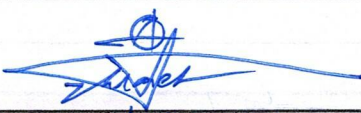
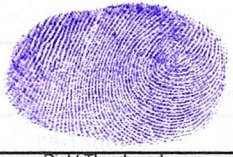
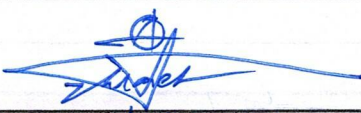
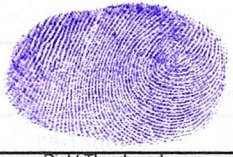
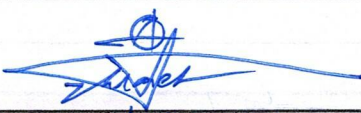
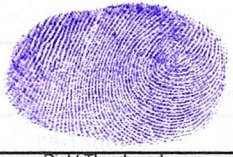
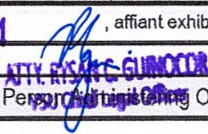
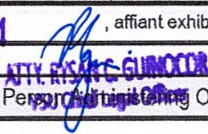
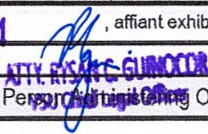
**VIII. OTHER INFORMATION**

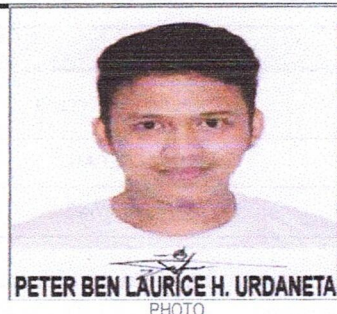
| 31. | SPECIAL SKILLS and HOBBIES | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full) |
|-----|----------------------------|-----|--|-----|---|
|     | COMPUTER LITERATE          |     | NA   |     | NA  |
|     | TYPING AND DRIVING         |     |  |     |   |
|     |                            |     |  |     |   |
|     |                            |     |  |     |   |
|     |                            |     |  |     |   |
|     |                            |     |  |     |   |
|     |                            |     |  |     |   |

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| SIGNATURE |  | DATE | 6/18/24 |
|-----------|---|------|---------|



| <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: _____<br/>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  |
| 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   |  |          |                            |                                |                                      |                       |                                    |               |   |   |  |
| <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>   |   |   |  |          |                            |                                |                                      |                       |                                    |               |   |   |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID: TIN</td> <td></td> </tr> <tr> <td>ID/License/Passport No.: 285-291-349</td> <td></td> </tr> <tr> <td>Date/Place of Issuance: 11/11/2009</td> <td></td> </tr> </table>   | Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  |   | PLEASE INDICATE ID Number and Date of Issuance |          | Government Issued ID: TIN  |                                | ID/License/Passport No.: 285-291-349 |                       | Date/Place of Issuance: 11/11/2009 |               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <br/>           Signature (Sign inside the box)<br/>           Date Accomplished: 6/18/24         </td> <td style="text-align: center;"> <br/>           Right Thumbmark         </td> </tr> </table> | <br>Signature (Sign inside the box)<br>Date Accomplished: 6/18/24 | <br>Right Thumbmark |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  |   |   |  |          |                            |                                |                                      |                       |                                    |               |   |   |  |
| PLEASE INDICATE ID Number and Date of Issuance  |   |   |  |          |                            |                                |                                      |                       |                                    |               |   |   |  |
| Government Issued ID: TIN   |   |   |  |          |                            |                                |                                      |                       |                                    |               |   |   |  |
| ID/License/Passport No.: 285-291-349  |   |   |  |          |                            |                                |                                      |                       |                                    |               |   |   |  |
| Date/Place of Issuance: 11/11/2009  |   |   |  |          |                            |                                |                                      |                       |                                    |               |   |   |  |
| <br>Signature (Sign inside the box)<br>Date Accomplished: 6/18/24   | <br>Right Thumbmark  |   |  |          |                            |                                |                                      |                       |                                    |               |   |   |  |
| <p>SUBSCRIBED AND SWORN to before me this <u>28 JUN 2024</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <br/>           ATTY. RISA C. GUINOCCA<br/>           Personal Attorney's Oath         </td> </tr> </table>   |   | <br>ATTY. RISA C. GUINOCCA<br>Personal Attorney's Oath |  |          |                            |                                |                                      |                       |                                    |               |   |   |  |
| <br>ATTY. RISA C. GUINOCCA<br>Personal Attorney's Oath   |   |   |  |          |                            |                                |                                      |                       |                                    |               |   |   |  |





## WORK EXPERIENCE SHEET

**Instructions:** 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: May 9, 2011 to present
- Position: Admin Aide III
- Name of Office/Unit: Cash Division
- Immediate Supervisor: Queen-Ever Y. Atupan
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte

### Summary of Actual Duties

1. Delivers and issues checks to payees, service providers, suppliers and government agencies like Philhealth, Pag-ibig, BOT, CHED and GSIS.
2. Act as messenger who receives incoming and delivers outgoing office communications and other documents for signature and approval.
3. Act as Liason officer to transact business with government agencies like BOT, DBM, Philhealth, Pag-ibig, CHED and GSIS.
4. Deposits check payments to suppliers and service providers to their bank accounts other than landbank
5. Monitors and encodes payment of supplies, materials and telephone bills to their corresponding worksheets.
6. Assist in the encoding and review of incoming vouchers, payrolls and follow up general payrolls, remittances and utility bills payments to avoid delay and penalties.
7. Maintain the Cleanliness and orderliness of the office stock room for easy access of various documents and equipment.
8. Perform Other duties assigned by the supervisor.



**PETER BEN LAURICE H. URDANETA**

Admin Aide III

Date: 6/18/24