

# 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	RAÑON		
FIRST NAME	MILDRED	NAME EXTENSION (JR., SR) NA	
MIDDLE NAME	SEMINO		
3. DATE OF BIRTH (mm/dd/yyyy)	03/04/1984 02/02/1984	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	AGUSAN DEL SUR	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	ZONE 6 House/Block/Lot No. Street Subdivision/Village COGON BAYBAY Barangay City/Municipality LEYTE Province
7. HEIGHT (m)	1.63 M.	ZIP CODE	6521
8. WEIGHT (kg)	81 KGS.		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	ZONE 6 House/Block/Lot No. Street Subdivision/Village COGON BAYBAY Barangay City/Municipality LEYTE Province
10. GSIS ID NO.	NA	ZIP CODE	6521
11. PAG-IBIG ID NO.	121269796431		
12. PHILHEALTH NO.	02-025133591-6		
13. SSS NO.	CRN-0111-1893482-1	19. TELEPHONE NO.	N/A
14. TIN NO.	261-266-849	20. MOBILE NO.	09088884661
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	mildred.ranon@gmail.com

## II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	RAÑON		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MICHAEL	NAME EXTENSION (JR., SR) NA	MIKHAELA RAÑON	07/12/2009
MIDDLE NAME	RUGA		MICHELLE RAÑON	10/21/2013
OCCUPATION	SEAMAN		MICHAEL II RAÑON	07/23/2019
EMPLOYER/BUSINESS NAME	STATUS MARITIME INC.			
BUSINESS ADDRESS	J.NAKPIL COR. SAN MARCELINO ERMITA MANILA			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	SEMINO			
FIRST NAME	NESTOR	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SALADORES			
25. MOTHER'S MAIDEN NAME				
SURNAME	DELA PEÑA			
FIRST NAME	MILAGROS			
MIDDLE NAME	DIGNOS			

(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	SEVENTHDAY ADVENTIST ELEMENTARY SCHOOL	PRIMARY EDUCATION	1991	1997	NA	1997	MOST OUTSTANDING STUDENT
SECONDARY	STA. MARIA NATIONAL HIGH SCHOOL	HIGH SCHOOL	1997	2001	NA	2001	FIRST HONORABLE MENTION
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	UNIVERSITY OF PERPETUAL HEPL-DALTA SYSTEM	BS NURSING	2003	2007	NA	2007	DEAN'S LIST
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 29, 2024
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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		
	NA	NA	NA	NA	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)			Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

# VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	DRIVING		YES	NA

(Continue on separate sheet if necessary)


SIGNATURE		DATE	JULY 29, 2024
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## WORK EXPERIENCE SHEET

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

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 starting with the most recent/present employment

- Duration: April 16, 2020- December 31,2020, May 3, 2021- June 18,2021
- Position: Public Health Associate
- Name of Office/Unit: City Health Office – Baybay city
- Immediate Supervisor: Mrs. Suzette B. Arcillas , RN
- Name of Agency/Organization and Location: Department of Health, Candahug Palo Leyte
- Summary of Actual Duties
  - participate in the development of Health-related programs and strategies
  - Assist In the preparation of project proposals,plans, health promotion and communication materials and other related documents
  - Assist in the collection and validation of health related/ information
  - Assist in the encoding/ updating of data/information in the established DOH information system
  - Submit Health reports/ Data/ information to DOH Regional Office and Central office
  - Coordinate with different stakeholders for the submission of national health Data reports.

  
**MILDRED S. RAÑON**  
(Signature over Printed Name  
of Employee/Applicant)

Date: Sept. 11, 2024