

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	ABABAT		
FIRST NAME	CLAUDIO		JR.
MIDDLE NAME	RECAÑA		
3. DATE OF BIRTH (mm/dd/yyyy)	4/12/1975	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
			<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship,	Pls. indicate country:
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	please indicate the details.	Philippines ▼
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	844
			House/Block/Lot No.
			Street
			Subdivision/Village
			SAN AGUSTIN
7. HEIGHT (m)	1.65		LEYTE
			Province
8. WEIGHT (kg)	80	ZIP CODE	6521
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	844
			House/Block/Lot No.
			Street
10. GSIS ID NO.	000-6208-5097-3		SAN AGUSTIN
			Barangay
11. PAG-IBIG ID NO.	1211-7148-1348		BAYBAY
			LEYTE
12. PHILHEALTH NO.	13-000102988-7	ZIP CODE	6521
13. SSS NO.	06-2085097-3	19. TELEPHONE NO.	N/A
14. TIN NO.	400-136-787	20. MOBILE NO.	0975-308-4755
15. AGENCY EMPLOYEE NO.	V00905	21. E-MAIL ADDRESS (if any)	clauderecana@gmail.com

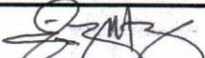
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ABABAT		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	IVY	NAME EXTENSION (JR., SR)	CLERVE ANN P. ABABAT	9/13/1997
MIDDLE NAME	POSAS		CLYDE JAY P. ABABAT	10/20/1999
OCCUPATION	PLAIN HOUSEWIFE			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ABABAT			
FIRST NAME	CLAUDIO	SR.		
MIDDLE NAME	BLORESIA			
25. MOTHER'S MAIDEN NAME	GALVEZ			
SURNAME	ABABAT			
FIRST NAME	MILAGROS			
MIDDLE NAME	RECAÑA			
	(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	SAN AGUSTIN, ELEMENTARY SCHOOL		1982	1988		1988	FIRST HONORABLE MENTION
	SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL		1988	1992		1992	
	VOCATIONAL / TRADE COURSE							
	COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BACHELOR OF SCIENCE IN AGRIBUSINESS	1992	1997	FORTH YEAR		
	GRADUATE STUDIES							

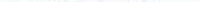
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	BARANGAY ELIGIBILITY		3/12/2002	CIVIL SERVICE COMMISSION, PALO, LEYTE	21081362	3/12/2002
	BUILDING WIRING ELECTRICIAN		06/13/2011	CIVIL SERVICE COMMISSION, PALO, LEYTE	330208110044	6/13/2011
	MECHANICAL EQUIPMENT OPERATOR		12/13/2017	CIVIL SERVICE COMMISSION, PALO, LEYTE	360208170002	12/13/2017

V. WORK EXPERIENCE

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VI. VOLUNTARY WORK OR INVOLVEMENT / C / 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	N/A	N/A	N/A	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)

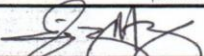
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/Supervisory/Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	PRIME HRM WORKSHOP	8/13/2018		8.0	SEMINAR	ODAHRD
	HIV WORKPLACE SEMINAR	12/09/2016	12/09/2016	8.0	PREVENTION	VISAYAS STATE UNIVERSITY HOSPITAL
	EMERGENCY RESPONSE: SKILL TRAINING	03/14/2016	03/18/2016	40.0	TECHNICAL	VISAYAS STATE UNIVERSITY / BUREAU OF FIRE PROTECTION BAYBAY
	BASIC COOPERATIVE COURSE SEMINAR	06/20/2015	06/20/2015	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY CREDIT COOPERATIVE
	FIRE PREVENTION SEMINAR AND TRAINING	03/27/2015	03/27/2015	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY / BUREAU OF FIRE PROTECTION BAYBAY
	SEMINAR ON FIRE PREVENTION & SAFETY AWARENESS	04/25/2013	04/25/2013	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY / BUREAU OF FIRE PROTECTION BAYBAY
	NATIONAL CERTIFICATE II ON DRIVING	03/04/2011	03/04/2011	8.0	TECHNICAL	TESDA / CALUBIAN, LEYTE
	NATIONAL CERTIFICATE II ON BUILDING WIRING INSTALLATION	05/19/2010	05/19/2010	8.0	TECHNICAL	TESDA / CALUBIAN, LEYTE
	BASIC SAFETY TRAINING	07/26/2008	08/01/2008	56.0	TECHNICAL	MATS TRAINING CENTER
	MARINE DIESEL MECHANIC	11/19/2007	11/21/2007	24.0	TECHNICAL	PHIL-ASIA MARITIME






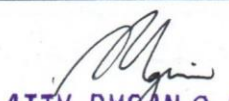
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VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	ELECTRICIAN				KNIGHTS OF COLUMBUS PANGASUGAN CHAPTER
	POWER PLANT OPERATOR				
	SOUND OPERATOR				
	DRIVING				
	VOLLEYBALL				
	BASKETBALL				

(Continue on separate sheet if necessary)

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<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: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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: END OF MY TERM.</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><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: 40%;">NAME</th><th style="width: 40%;">ADDRESS</th><th style="width: 20%;">TEL. NO.</th></tr></thead><tbody><tr><td>Engr. Mario Lilio P. Valenzona</td><td>VSU, Baybay City, Leyte</td><td>N/A</td></tr><tr><td>Engr. Apolonio M. Encierto</td><td>Maganhan, Baybay City, Leyte</td><td>N/A</td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Engr. Mario Lilio P. Valenzona	VSU, Baybay City, Leyte	N/A	Engr. Apolonio M. Encierto	Maganhan, Baybay City, Leyte	N/A				 CLAUDIO R. ARAPAT, JR.		
NAME	ADDRESS	TEL. NO.														
Engr. Mario Lilio P. Valenzona	VSU, Baybay City, Leyte	N/A														
Engr. Apolonio M. Encierto	Maganhan, Baybay City, Leyte	N/A														
<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:</td><td>DRIVER LICENSE</td></tr><tr><td>ID/License/Passport No.:</td><td>H05-02-011909</td></tr><tr><td>Date/Place of Issuance:</td><td>BAYBAY, LEYTE</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:	DRIVER LICENSE	ID/License/Passport No.:	H05-02-011909	Date/Place of Issuance:	BAYBAY, LEYTE	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"></td></tr><tr><td style="text-align: center;">Signature (Sign inside the box)</td></tr><tr><td style="text-align: center;">SEPTEMBER 4, 2018</td></tr><tr><td style="text-align: center;">Date Accomplished</td></tr></table>		Signature (Sign inside the box)	SEPTEMBER 4, 2018	Date Accomplished	 Right Thumbmark
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ID/License/Passport No.:	H05-02-011909															
Date/Place of Issuance:	BAYBAY, LEYTE															
																
Signature (Sign inside the box)																
SEPTEMBER 4, 2018																
Date Accomplished																
<p>SUBSCRIBED AND SWORN to before me this SEP 17 2018, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;"> ATTY. RYSAN C. GUINDOC Person Administering Oath VSU LEGAL OFFICER</div>																