

PERSONAL DATA SHEET

V-00947

Print legibly Mark appropriate boxes

☐ with "/" and use separate sheet if necessary

1. CS ID No.

(to be filled y CSC)

I. PERSONAL INFORMATION

| | | | | | |
|-------------------------------|--|----|------|----------------------------------|--|
| 2. SURNAME | ALBA | | | 3. NAME EXTENSION (e.g. Jr. Sr.) | |
| FIRST NAME | DOREEN | | | | |
| MIDDLE NAME | BARTOLINI | | | | |
| 4. DATE OF BIRTH (mm/dd/yyyy) | 10 | 08 | 1985 | 16. RESIDENTIAL ADDRESS | ZONE 6, BRGY. GUADALUPE, BAYBAY CITY, LEYTE |
| 5. PLACE OF BIRTH | BAYBAY, LEYTE | | | ZIP CODE | 6521-A |
| 6. SEX | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | | 17. TELEPHONE NO. | |
| 7. CIVIL STATUS | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____ | | | 18. PERMANENT ADDRESS | ZONE 6, BRGY. GUADALUPE, BAYBAY CITY, LEYTE |
| 8. CITIZENSHIP | FILIPINO | | | ZIP CODE | 6521-A |
| 9. HEIGHT (m) | 1.52 m | | | 19. TELEPHONE NO. | |
| 10. WEIGHT (kg) | 58 kgs. | | | 20. E-MAIL ADDRESS (if any) | doreen.alba@yahoo.com |
| 11. BLOOD TYPE | "AB" | | | 21. CELL PHONE NO. (if any) | 09058251180 |
| 12. GSIS ID NO. | | | | 22. AGENCY EMPLOYEE NO. | 563-7190 |
| 13. PAG-IBIG ID NO. | | | | 23. TIN | 466-625-525-000 |
| 14. PHILHEALTH NO. | 1302-5154-6453 | | | | |
| 15. SSS NO. | | | | | |

II. FAMILY BACKGROUND

| | | | |
|---|------------|---|----------------------------|
| 24. SPOUSES' SURNAME | | 25. NAME OF CHILDREN (Write full name and list all) | Date of Birth (mm/dd/yyyy) |
| FIRST NAME | | | / / |
| MIDDLE NAME | | | / / |
| OCCUPATION | | | / / |
| EMPLOYER/BUS. NAME | | | / / |
| BUSINESS ADDRESS | | | / / |
| TELEPHONE NO. | | | / / |
| (Continue on separate sheet if necessary) | | | |
| 26. FATHER'S SURNAME | ALBA | | 09 / 25 / 1943 |
| FIRST NAME | ARTURO SR. | | / / |
| MIDDLE NAME | ESGUERRA | | / / |
| 27. MOTHER'S MAIDEN NAME | | | / / |
| SURNAME | BARTOLINI | | 01 / 21 / 1945 |
| FIRST NAME | HERMINIA | | / / |
| MIDDLE NAME | PABROQUEZ | | / / |

III. EDUCATIONAL BACKGROUND

| 28. LEVEL | NAME OF SCHOOL (Write in full) | DEGREE/ COURSE (Write in full) | YEAR GRADUATED (if graduated) | HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated) | INCLUSIVE DATES OF ATTENDANCE | | SCHOLARSHIP ACADEMIC/ HONORS RECEIVED |
|-----------------------------|-----------------------------------|--|-------------------------------------|--|-------------------------------------|------|--|
| | | | | | From | To | |
| ELEMENTARY | GUADALUPE ELEM. SCHOOL | | 1998 | | 1992 | 1998 | |
| SECONDARY | BAYBAY NATIONAL HIGH SCHOOL | | 2002 | | 1998 | 2002 | |
| VOCATIONAL/ TRADE COURSE | | | | | | | |
| COLLEGE | VISAYAS STATE UNIVERSITY | BS in HOTEL, RESTAURANT, & TOURISM MANAGEMENT | 2009 | | 2002 | 2009 | |
| GRADUATE STUDIES | | | | | | | |

(Continue on separate sheet if necessary)

[illegible]



V. WORK EXPERIENCE (Include private employment. Start from your current work)

[illegible]

CS FORM 212 (Revised 2005, page 2 of 4)

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC/NON-GOVERNMENT/PEOPLE/VOLUNTARY ORGANIZATIONS | | | | |
|---|--|----------------|--|---|
| 31. NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION/ NATURE OF WORK |
| | From | To | | |
| LIFESTYLES & EVENTS PRODUCTION | 01 / 01 / 2010 | 10 / 30 / 2011 | | TALENTS & EVENTS MANAGER |
| | / / | / / | | |
| | / / | / / | | |
| | / / | / / | | |
| | / / | / / | | |
| | / / | / / | | |
| | / / | / / | | |
| | / / | / / | | |
| | / / | / / | | |
| | / / | / / | | |
| (Continue on separate sheet if necessary) | | | | |
| VII. TRAINING PROGRAMS (Start from the most recent training) | | | | |
| 32. TITLE OF SEMINAR/CONFERENCE WORKSHOP/SHORT COURSES (Write in full) | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) | | NUMBER OF HOURS | CONDUCTED/ SPONSORED BY (Write in full) |
| | From | To | | |
| "PLANNING - WORKSHOP: ON THE PREPARATION & PROCESSING OF DOCUMENTS RELATIVE TO PROCUREMENT" | 05 / 27 / 2015 | 05 / 27 / 2015 | 8 | SPPMO OFFICE - VSU (SUPPLY, PROCUREMENT & PROPERTY MANAGEMENT OFFICE) |
| CHANGI AIRPORT GROUP (CAG) A CHANGI ORIENTATION PROGRAMME & CUSTOMER SERVICE SKILLS PROGRAMME (SINGAPORE) | 03 / 7 / 2012 | 03 / 08 / 2012 | 16 | CHANGI AIRPORT GROUP (CAG) SINGAPORE |
| WORKPLACE LITERACY/NUMERACY ASSESSMENT RESULTS & TRAINING PROGRAMME | 03 / 20 / 2012 | 03 / 20 / 2012 | 4 | CENTRE FOR EMPLOYABILITY SKILLS (SINGAPORE) |
| FOOD & CATERING MANAGEMENT TRAINING 6 40- HOURS TRAINING - AJJJA | 08 / / 2008 | 08 / / 2008 | 40 HOURS | VISAYAS STATE UNIVERSITY & AJJJA CATERING SERVICES |
| SEMINAR ON FIRE PREVENTION AND PREPAREDNESS PROGRAMME | 01 / 12 / 2008 | 01 / 12 / 2008 | 8 | VISAYAS STATE UNIVERSITY & BAYBAY FIRE PROTECTION |
| HOUSEKEEPING & FRONT OFFICE TRAINING VLU - HOSTEL | 08 / / 2007 | 08 / / 2007 | 44 HOURS | VISAYAS STATE UNIVERSITY VSU - HOSTEL |
| TOURISM MANAGEMENT TRAINING | 05 / 21 / 2007 | 05 / 21 / 2007 | 8 | VSU - PHILIPPINE TOURISM TOUR GUIDING EXERCISE - ORMOX CITY |
| SEMINAR ON QUALITY SERVICE IN TOUR GUIDING & TRAVEL MANAGEMENT | 02 / 15 / 2007 | 02 / 15 / 2007 | 8 | VSU - CONVENTION CENTER |
| PERSONALITY DEVELOPMENT IN COSMETOLOGY ENHANCEMENT | 12 / 08 / 2006 | 12 / 08 / 2006 | 8 | VSU - DFCS |
| ORIENTATION SEMINAR FOR APPRENTICESHIP TRAINING PROGRAM | 07 / 25 / 2006 | 07 / 25 / 2006 | 8 | VSU - DIABS |
| Practices to Cope with International Challenges | | | | VSU, Bay bay, Leyte |
| | | | | |
| | | | | |
| | | | | |
| 33. SPECIAL SKILLS/HOBBIES: | 34. NON-ACADEMIC DISTINCTIONS/ RECOGNITION (Write in full) | | 35. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) | |
| COMPUTER LITERATE (AVERAGE) | | | | |
| DRIVING | | | | |
| SINGING | | | | |
| DANCING | | | | |
| | | | | |
| (Continue on separate sheet if necessary) | | | | |

| | | |
|-----|--|--|
| 36. | Are you related by consanguinity or affinity to any of the following: a. Within the third degree (for NATIONAL GOVERNMENT Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed? b. Within the fourth degree (for LOCAL GOVERNMENT Employees): appointing authority or recommending authority where you are appointed? | <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: _____ _____ _____ |
| 37. | a. Have you ever been formally charged? b. Have you ever been guilty of any administrative offense? | <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: _____ _____ _____ |
| 38. | 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: _____ _____ _____ |
| 39. | 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, AWOL or phased out, in the public or private sector? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ _____ _____ |
| 40. | Have you ever been a candidate in a national or local election (except Barangay election)? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ _____ _____ |
| 41. | Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and © 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 differently abled? c. Are you a solo parent? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, pls. specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, pls. specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, pls. specify: _____ |

| | | | |
|-----|--|---|-------------|
| 42. | REFERENCES (Person not related by consanguinity or affinity to applicant/ appointee) | | |
| | NAME | ADDRESS | TEL. NO. |
| | ALICIA M. FLORES | BRGY. GUADALUPE, BAUBAY CITY | 09176341430 |
| | ALEXANDER A. ABUNGAN | BRGY. GUADALUPE, BAUBAY CITY | 09265000728 |
| | IVY ANN F. MOJADO | POBLACION, BAUBAY CITY | 09176285108 |
| 43. | I declare under oath that this Personnel Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein. I trust that this information shall remain confidential. | | |
| | 01111695 COMMUNITY TAX CERTIFICATE NO. |  SIGNATURE (Sign Inside the box) | |
| | BAUBAY CITY, LEYTE ISSUED AT | 01/10/17 DATE ACCOMPLISHED | |
| | 01/09/2017 ISSUED ON (mm/dd/yy) |  RIGHT THUMBMARK | |



PHOTO