

PERSONAL DATA SHEET

Please Mark appropriate boxes ☐ with "/" and use separate sheet if necessary

PERSONAL INFORMATION

2. SURNAME	SIA CIRIO			3. NAME EXTENSION (e.g. Jr. Sr.)	NONE
FIRST NAME	CIELISIO				
MIDDLE NAME	FIRIADIES				
4. DATE OF BIRTH (mm/dd/yyyy)	05/28/1972		16. RESIDENTIAL ADDRESS	BRGY. GUADALUPE BAYBAY CITY, LEBTE	
5. PLACE OF BIRTH	CALOOCAN CITY		ZIP CODE	6521	
6. SEX	☒ Male ☐ Female		17. TELEPHONE NO.	563-7241	
7. CIVIL STATUS	☐ Single ☐ Widowed ☒ Married ☐ Separated ☐ Annulled ☐ Others, specify _____		18. PERMANENT ADDRESS	BRGY. GUADALUPE BAYBAY CITY, LEBTE	
8. CITIZENSHIP	FILIPINO		ZIP CODE	6521	
9. HEIGHT (m)	1.52		19. TELEPHONE NO.	563-7241	
10. WEIGHT (kg)	80 KG		20. E-MAIL ADDRESS (if any)	csacp@yahoo.com	
11. BLOOD TYPE	A		21. CELL PHONE NO. (if any)	09063953941	
12. CRS ID NO.	CM 00007886980		22. AGENCY EMPLOYEE NO.	00-745	
13. CHBID ID NO.	1700-0027-2711		23. TIN	917-680-617	
14. PHILHEALTH NO.	190008153632				
15. SSN NO.	NONE				

BACKGROUND

24. SPOUSES' SURNAME	MUANA	25. NAME OF CHILDREN (Write full name and last only)	Date of Birth (mm/dd/yyyy)
FIRST NAME	COLINA	XANDER AIDANM. SACRO	10/24/2006
MIDDLE NAME	MONTELLANO		/ /
OCCUPATION	TEACHER		/ /
EMPLOYER/BUS. NAME	V FES		/ /
BUSINESS ADDRESS	VB CA BAYBAY CITY		/ /
TELEPHONE NO.	735-2766		/ /
(Continue on separate sheet if necessary)			
26. FATHER'S SURNAME	SACRO, SR.		/ /
FIRST NAME	REYNALDO		/ /
MIDDLE NAME	BITDY		/ /
27. MOTHER'S MAIDEN NAME			/ /
SURNAME	FRADES		/ /
FIRST NAME	ORTENCIA		/ /
MIDDLE NAME	FUENTES		/ /
(Continue on separate sheet if necessary)			

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	GAAS COMMUNITY SCHOOL		1985		1979	1985	W/HONOR
JUNIOR HIGH	BAYBAY HIGH SCHOOL		1989		1985	1989	
VOCATIONAL/TECHNICAL COURSE	FRANCIS CAN COLLEGE OF THE IMMACULATE CONCEPTION	ASSOCIATE IN COMPUTER SCIENCE	1996		1994	1996	
COLLEGE	FRANCIS CAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR OF SCIENCE - ACCOUNTING	1999		1989	1999	
GRADUATE STUDIES		MAJOR					

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (include private employment. Start from your current job.)

[illegible]

(Continue on separate sheet if needed)

VOLUNTARY WORK OR INVOLVEMENT IN CIVIL/NON-GOVERNMENT PEOPLE/VOLUNTARY ORGANIZATIONS

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)

TRAINING PROGRAMS (Start from the most recent training)

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		
SEMINAR WORKSHOP ON ASAP-EVL & REPA EVL and GOVT. ACCOUNTANTS FORUM	05, 06, 2004	05, 06, 2004	24	BALUYA CONVENTION CENTER TAGLORAN CITY
SEMINAR ON COMPUTER MAINTENANCE	07, 18, 2004	04, 08, 2004	8	VSU-ICTU
SECURITY & APPRECIATION OF OPEN SOURCE APPLICATIONS		/ /		
PMS-OPES WORKSHOP	07, 26, 2005	07, 26, 2005	8	SAHIN, RESORT HOTEL ORMOG CITY
ON THE TRAINING ON THE PREPARATION OF AGENCY REMITTANCE	09, 27, 2006	09, 27, 2006	8	SSIS TAGLORAN CITY
ORIENTATION BRIEFING OF THE DISKETTE TO DISKETTE COLLECTIONS/REMITTANCES OF PUBLIC FUND PREMIUMS & LOANS	04, 19, 2006	04, 19, 2006	8	201, TRULIF HOTEL
NETWORKING PRODUCTIVITY TOOLS UTILIZATIONS	06, 10, 2007	06, 11, 2007	16	LSU-ICTU
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

(Continue on separate sheet if necessary)

OTHER INFORMATION

32. SPECIAL SKILLS/HOBBIES:	34. NON-ACADEMIC DISTINCTIONS/ RECOGNITION (Write in full)	35. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
ENCODING, READING RELIGIOUS BOOK & MAGAZINES WATCHING TV NEWS INTERNET SURFING	N/A	MEMBER - SECURITY FRANSCAN ALLIANCE

(Continue on separate sheet if necessary)

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?

☐ YES ☒ NO
If YES, give details: _____

b. Within the fourth degree
(for LOCAL GOVERNMENT Employees): appointing authority
or recommending authority where you are appointed?

☐ YES ☒ NO
If YES, give details: _____

37. a. Have you ever been formally charged?

☐ YES ☒ NO
If YES, give details: _____

b. Have you ever been guilty of any administrative offense?

☐ YES ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ NO
If YES, give details: _____

40. Have you ever been a candidate in a
national or local election (except Barangay election)?

☐ YES ☒ NO
If YES, give details: _____

41. 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:

a. Are you a member of any indigenous group?

☐ YES ☒ NO
If YES, pls. specify: _____

b. Are you differently abled?

☐ YES ☒ NO
If YES, pls. specify: _____

c. Are you a solo parent?

☐ YES ☒ NO
If YES, pls. specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant/ appointee)

NAME	ADDRESS	TEL. NO.
ROBERTA C. LEMUS	VISCA BAY BAY CITY	77-2701
RUTH G. GODOY	BARANGAY CITY	NONE
DUNCAS DE LA TORRE	BARANGAY CITY	NONE

43. I am 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 authorize the agency head/ authorized representative to verify/ validate the contents stated herein.
I declare that this information shall remain confidential.



PHOTO

25225784
COMMUNITY TAX CERTIFICATE NO.

RAYDAY OUT LEXTE
ISSUED AT

01 / 28 / 10
ISSUED ON (mm/dd/yy)

SIGNATURE (Sign inside the box)

MARCH 25, 2010



RIGHT THUMBPRINT