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

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM Print legibly. Tick appropriate boxes (Ind 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 URDANETA 2 SURNAME NAME EXTENSION (JR., SR) FIRST NAME PETER BEN LAURICE MIDDLE NAME HONORIO 3. DATE OF BIRTH 22/08/1989 16. CITIZENSHIP ✓ Filipino (mm/dd/vvv) Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH BAYBAY, LEYTE If holder of dual citizenship, Pls. indicate country: please indicate the details 5 SEY ✓ Male Female ✓ Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS ☐ Widowed Separated House/Block/Lot No. Street ZONE 8 Other/s: Subdivision/Village Barangay BAYBAY CITY 7. HEIGHT (m) LEYTE 1.71 M City/Municipality Province 8. WEIGHT (kg) **71 KGS** ZIP CODE 6521 18. PERMANENT ADDRESS JOSE ABAD SANTOS ST. 9. BLOOD TYPE "A" House/Block/Lot No. Street 10. GSIS ID NO 2005924564 ZONE 8 Subdivision/Village 11. PAG-IBIG ID NO BAYBAY CITY LEYTE 1212-0434-9716 City/Municipality 12. PHILHEALTH NO 13-000103589-5 ZIP CODE 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) NAME EXTENSION (JR., SR) FIRST NAME PETER CHUCKY SLADE A. URDANETA 1/21/14 MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO 24. FATHER'S SURNAME **URDANETA** NAME EXTENSION (JR., SR) FIRST NAME **FELIX** MIDDLE NAME LICANDA 25. MOTHER'S MAIDEN NAME SURNAME HONORIO PAMELA FIRST NAME MIDDLE NAME **ARABILLA** (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE LEVEL (Write in full) GRADUATED (Write in full) HONORS (if not graduated) From To **BAYBAY SOUTH CENTRAL** ELEMENTARY **GRADE VI** 1996 2002 Graduated 2002 NA SCHOOL **BAYBAY NATIONAL HIGH** SECONDARY **FOURTH YEAR** 2002 Graduated 2006 2006 NA SCHOOL VOCATIONAL / NA TRADE COURSE FRANCISCAN COLLEGE OF ASSOCIATE IN COMPUTER COLLEGE 2006 2009 Graduated 2009 NA **IMMACULATE CONCEPTION TECHNOLOGY** GRADUATE STUDIES (Continue on separate sheet if necessary) SIGNATURE DATE 20/12

CARE	ER SERVICE/ RA 1080	(BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	pplicable)
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nclude private employment. Start from your recent with the sta		LE DEPARTMENT / AGENCY / OFFICE		NCY / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (If applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV*	
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVER	NMENT / PEOPLE / VOL	UNTARY OR	GANIZATION:	S		
29. NAME & ADDRESS OF ORGANIZATION	INCLUSIV	INCLUSIVE DATES (mm/dd/yyyy)				
(Write in Tull)	From	To	NUMBER OF HOURS	Margare at	POSITION / NATURE OF WORK	
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VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAI						
(Start from the most recent L&D/training program and include only the relevant L&D/train	ing taken for the last five (5) yea	rs for Division Cl	nief/Executive/Mana	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROG	INCLUSIVE ATTENI		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write in full)		(mm/dd/yyyy)		Supervisory/ Technical/etc)	(Write in full)	
CENDED DENOTED Y	From	To		- 1		
GENDER SENSITIVITY	09/09/2014	09/09/2014	8 HOURS	Technical	CRISTINA GABRILLO	
TARGET SETTING WORKSHOP	20/08/2018	21/08/2018	16 HOURS	Techical	LOURDES B. CANO	
ORIENTATION WORKSHOP AMONG JO CLERK & LABORATORY TECHNIC	CIANS 16/01/2018	16/01/2019	8 HOURS	Technica /	LOURDES B. CANO	
CYBR SECURITY TRAINING (HRMS)	18/12/2019	19/12/2019	16 HOURS	Technical	BIENVENIDO S. BASAL	
WEBINAR ON KNOW YOUR MONEY COUNTERFEIT DETECTION	26/02/2021	26/02/2021	8 HOURS	Technical	NOLAN N. NABONG	
30 S				1	Marchagler and Asset of	
	(Continue on separate s	heet if necessary)			
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES 32.					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COMPUTER LITERATE	NA	NA NA				
TYPING AND DRIVING						
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SIGNATURE	1	2009	D	ATE .	1 R M	

	chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed,		enal de la companya d		
	a. within the third degree?	YES V NO			
	b. within the fourth degree (for Local Government Unit - Care	eer Employees\?	YES V NO		
	b. Within the fourth degree (for 200al 0046) inherit Onit - Oale	or Employees):	If YES, give details:		
35.	a. Have you ever been found guilty of any administrative offer	☐ YES ☑ NO			
		If YES, give details:			
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, dive details: Date Filed: Status of Case/s:			
36.	Have you ever been convicted of any crime or violation of an any court or tribunal?	☐ YES ☑ NO If YES, give details:			
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:			
38.	a. Have you ever been a candidate in a national or local election)?	☐ YES ☑ NO If YES, give details:			
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:			
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),				
a.	Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:			
b.	Are you a person with disability?	☐ YES ☑ NO			
C.	Are you a solo parent?	If YES, please specify ID No: YES NO If YES, please specify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant la				
	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		
42.	Dr. Eutiquio E. Sudaria I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.		
P	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: TIN				
ID	/License/Passport No.: 285-291-349	Signature (Sign inside the b	ov)		
D	ate/Place of Issuance: 11/11/2009	AUC 2022 Date Accomplished	Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	day of May 2022, affiant exhibiting December 1990	Mis/her validly issued government ID as indicated above. MIC. GUINOCOR The Legal Officer		