

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 ☐ Yes () 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	LLANO			
FIRST NAME	LEMUEL	NAME EXTENSION (JR., SR) (NA)		
MIDDLE NAME	TIEMPO			
3. DATE OF BIRTH (mm/dd/yyyy)	6.9.88	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	Brgy; Pangasugan Baybay city leyte	If holder of dual citizenship, please indicate the details.		
5. SEX	<input checked="" type="checkbox"/> Male <input 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	House/Block/Lot No. Street Brgy. Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province	
7. HEIGHT (m)	170cm	ZIP CODE	6521	
8. WEIGHT (kg)	72kg	18. PERMANENT ADDRESS	House/Block/Lot No. Street Brgy. Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province	
9. BLOOD TYPE	B+		ZIP CODE	6521
10. GSIS ID NO.	NA			
11. PAG-IBIG ID NO.	121201224703			
12. PHILHEALTH NO.	13-02511398-5	19. TELEPHONE NO.	NA	
13. SSS NO.	NA	20. MOBILE NO.	09465362157	
14. TIN NO.	409-172-483	21. E-MAIL ADDRESS (if any)	llano.lemuel31@gmail.com	

II. FAMILY BACKGROUND

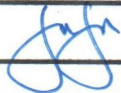
22. SPOUSE'S SURNAME	LLANO	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARYCRIS	PRINCESS LORRAINE D. LLANO	7.27.12
MIDDLE NAME	DAING	ZACH AARON D. LLANO	5.11.16
OCCUPATION	NA		
EMPLOYER/BUSINESS NA	NA		
BUSINESS ADDRESS	NA		
TELEPHONE NO.	9465362157		
24. FATHER'S SURNAME	LLANO		
FIRST NAME	FILADELFO		
MIDDLE NAME	SARGADO		
25. MOTHER'S MAIDEN NAME	GUARTE		
SURNAME	LLANO		
FIRST NAME	AMADA		
MIDDLE NAME	TIEMPO		

(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	PANGASUGAN ELEM. SCHOOL	PRIMARY SCHOOL	1995	2001	Graduated	MARCH 2001	NA
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	SECONDARY SCHOOL	2001	2005	Graduated	2005	NA
VOCATIONAL / TRADE COURSE	NA	NA				NA	NA
COLLEGE	NA	NA	NA	NA	NA	NA	NA
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/26/2022
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IV. CIVIL SERVICE ELIGIBILITY

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
	N/A					


(Continue on separate sheet if necessary)





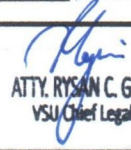
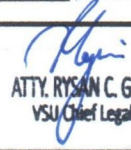
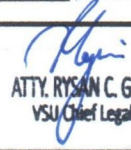
V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
	From	To						
	1/7/2011	12/31/2013	UTILITY MESSENGER	COLLEGE OF NURSING	4800.00	N/A	JOB ORDER	YES
	1/1/2013	12/31/2018	UTILITY MESSENGER	COLLEGE OF NURSING	5720.00	N/A	JOB ORDER	YES
	01/03/2019	12/31/21	UTILITY MESSENGER/LAB. AIDE	COLLEGE OF NURSING	9000.00	N/A	JOB ORDER	YES

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/26/2024
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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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____														
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<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: _____ Date Filed: _____ Status of Case/s: _____														
36. 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: _____														
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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____														
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?		<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: _____														
39. Have you acquired the status of an immigrant or permanent resident of another country?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____														
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____														
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)																
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>JOEL REY U. ACOB</td><td>Albuera Leyte</td><td>9569161146</td></tr><tr><td>JESUSA M. MAGNO</td><td>Carigara Leyte</td><td>9351912182</td></tr><tr><td>RAZA CRECIA L. MENESES</td><td>Tacloban City</td><td>9978673497</td></tr></table>			NAME	ADDRESS	TEL. NO.	JOEL REY U. ACOB	Albuera Leyte	9569161146	JESUSA M. MAGNO	Carigara Leyte	9351912182	RAZA CRECIA L. MENESES	Tacloban City	9978673497		
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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.																
<table><tr><td colspan="2">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: TIN</td><td></td></tr><tr><td>ID/License/Passport No.: 409-172-483</td><td></td></tr><tr><td>Date/Place of Issuance: 06/03/11</td><td></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: TIN		ID/License/Passport No.: 409-172-483		Date/Place of Issuance: 06/03/11		<table><tr><td colspan="2"></td></tr><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table>			Signature (Sign inside the box)		Date Accomplished		<div>ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)</div> <div>Computer generated or photocopied picture is not acceptable</div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</div>
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Signature (Sign inside the box)																
Date Accomplished																
SUBSCRIBED AND SWORN to before me this <u>02 MAR 2022</u> , affiant exhibiting his/her validly issued government ID as indicated above.																
<table><tr><td colspan="2"> ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer</td></tr><tr><td colspan="2">Person Administering Oath</td></tr></table>			 ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer		Person Administering Oath											
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Person Administering Oath																

WORK EXPERIENCE SHEET

- Instructions:**
1. Include only the work experiences relevant to the position being applied to.
 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 from most recent first.

- Duration: January 2011 to Present
- Position: utility message / Lab Aide
- Name of Office/Unit: College of Nursing
- Immediate Supervisor: Dr. Joel Ray H. Acab
- Name of Agency/Organization and Location: USSO Building

- List of Accomplishments and Contributions (if any)

- Summary of Actual Duties

- Manages and maintains cleanliness and orderliness of the college and Skills Laboratory Room, Mock Wards, OR/DR and Central Supply Room and cleaning faculty Room and Classrooms.

Lemuel F. Llanid
(Signature over Printed Name
of Employee/Applicant)

Date: 1/14/2022