PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling of administrative/criminal case/s against the person concerned.

| READ THE ATTACHED GUIDE | TO FILLING OUT THE PERSONAL DATA SHE | ET (PDS) BEFORE ACCOM | PLISHING THE | E PDS FORM | | | | | | |
|--|---|--|-------------------------------|---|-----------------|--------------------------------|-------------------|---------------------------------|--|--|
| I. PERSONAL INFORMATION | is (\square and use separate sheet if necessary. Indicate N ON | I/A if not applicable. DO NOT Al | BREVIATE. | | 1. CS ID No | | (Do not fill | up. For CSC use only | | |
| 2. SURNAME | LEONOR | | | | | | | | | |
| FIRST NAME | СНІТО | | | | | | | | | |
| MIDDLE NAME | LETARGO | | | | | | | | | |
| DATE OF BIRTH (mm/dd/yyyy) | 7/19/1957 | 16. CITIZENSHIP | | | Г | 70 | | , | | |
| 4. PLACE OF BIRTH | GUMACA, QUEZON | If holder of dual citize | enship, | Filipino Dual Citizenshi | | | by naturalization | | | |
| 5. SEX | ✓ Male Female | please indicate the o | | | | | | - | | |
| 6 CIVIL STATUS | Single Married | 17. RESIDENTIAL ADDRESS | | | | | | | | |
| ONLOTATOS | ☐ Widowed ☐ Separated | | House/Block/Lot No. | | | | Street | | | |
| | Other/s: | | S | Subdivision/Villag | ie | | IGANG Barangay | | | |
| 7. HEIGHT (m) | 168 | EMANU ELATO DAYASIV | Baybay City City/Municipality | | | Leyte Province | Inpostorial i | | | |
| 8. WEIGHT (kg) | 62 | ZIP CODE | 6521 | | | 6521 | Province | | | |
| 9. BLOOD TYPE | "0" | 18. PERMANENT ADDRESS | | | . 1 | | | | | |
| 10. GSIS ID NO. | 57071902040 | 23 800 30 761 5 10 11 11 11 | | ouse/Block/Lot N | - | | Street IGANG | | | |
| 11. PAG-IBIG ID NO. | 1700-0025-2916 | | | ubdivision/Village Baybay City | | Barangay Leyte | | | | |
| 12. PHILHEALTH NO. | | | | City/Municipality | | Province | | | | |
| | 13-000016152-2 | ZIP CODE | 6 | | 6521 | | | | | |
| 13. SSS NO. | N/A | 19. TELEPHONE NO. | 053-563-7706 | | | 53-563-7706 | 6 | | | |
| 14. TIN NO. | 116-625-162 | 20. MOBILE NO. | 09159952423 | | | | | | | |
| 15. AGENCY EMPLOYEE NO. | VOO288 21. E-MAIL ADDRESS (if any) | | | clleonoc_08@yahoo.com | | | | | | |
| II. FAMILY BACKGROUND | | | | | | | | | | |
| 22. SPOUSE'S SURNAME | MAZO | | 23. NAME of CI | HILDREN (Write | e full name and | d list all) | DATE OF BIR | RTH (mm/dd/yyyy) | | |
| FIRST NAME | CECILIA | NAME EXTENSION (JR., SR) | | RONOEL M. LEONOR | | | 8/23/1980 | | | |
| MIDDLE NAME | GALVEZ | RONALD M. LEONOR | | | | 7/21/1982 | | | | |
| OCCUPATION | HOUSEKEEPING | MA. RONA ANGELES M. LEONOR | | | | 5/5/1987 | | | | |
| EMPLOYER/BUSINESS NAME | NOT APPLICABLE | | | | | | | | | |
| BUSINESS ADDRESS | NOT APPLICABLE | | | | | | | | | |
| TELEPHONE NO. | 9957192046 | | | | | | | | | |
| 24. FATHER'S SURNAME | LEONOR | | | | | | | | | |
| FIRST NAME | MAMERTO | | | | | | | | | |
| MIDDLE NAME | LUNA | | | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | | | | | | | | |
| SURNAME | LETARGO | | | | | | | | | |
| FIRST NAME | PILAR | | | | | | | | | |
| MIDDLE NAME | MARCO | | | (Continue on separate sheet if necessary) | | | | | | |
| III. EDUCATIONAL BACKG | ROUND | | | | | | | | | |
| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGRE | E/COURSE | PERIOD OF A | ATTENDANCE | HIGHEST LEVEL/ UNITS EARNED | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS | | |
| To the same of the | | period construction of the separate programme of | | From | То | (if not graduated) | | RECEIVED | | |
| ELEMENTARY | GUMACA WEST ELEM. SCHOOL | Primary Educat | ion | 1964 | 1970 | N/A | 1970 | N/A | | |
| SECONDARY | GUMACA PROV'L. HIGH SCHOOL | High School | | 1971 | 1976 | N/A | 1976 | N/A | | |
| VOCATIONAL / TRADE COURSE | BAYBAY NORTH CENTRAL SCHOOL | RADIO ELECTRON | ics | 1994 | | N/A | 1994 | N/A | | |
| COLLEGE | EASTERN QUEZON COLLEGE | BACHELOR OF A | RTS | 1978 | | 1 SEMESTER | N/A | N/A | | |
| GRADUATE STUDIES | N/A | N/A | | | | | | | | |
| | 1 | Continue on separate sheet if nee | essary) | | | | | | | |
| SIGNATURE | and and | | | DA | TE | | 4/25/17 | | | |

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| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE | | | RATING DATE OF EXAMINATION / PLACE OF EXAMI | | | | | LICENSE (if applicable) | |
| BARANGAY ELIGIBILITY / DRIVER'S LICENSE | | (If Applicable) | CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | | | NUMBER | Date of Validity | |
| | N/A | | | | | | | | |
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| /. WORK E | EXPERIENCE | | (1 | Continue on separate si | heet if necessary) | | no anamia | | |
| | | Start from your recen | work) Descript | tion of duties shoul | ld be indicated in the atta | ched Work Ex | perience shee | t | |
| | JSIVE DATES m/dd/yyyy) | POSITION TITI | E | DEPARTMENT / AGENCY / OFFICE / COMPANY | | MONTHLY | SALARY/ JOB/ PAY GRADE (if | STATUS OF | GOV*T |
| From | То | (Write in full/Do not ab | | | II/Do not abbreviate) | SALARY | applicable)& STEP (Format "00-0")/ INCREMENT | APPOINTMENT | SERVICE (Y/N) |
| 06/30/2007 | Present | ADMINISTRATIVE | AIDE III | VICAVACC | TATE UNIVERSITY | 444.049.00 | | DEDMANIENT | VEO |
| 12/31/1991 | 11/30/2004 | DRIVER | AIVE III | | | 144,048.00 | 3 -1 | PERMANENT | YES |
| 12/13/1987 | 12/13/1987 | | | | TATE UNIVERSITY | 76,116.00 | 1-1 | CASUAL | YES |
| 12/13/130/ | 12/13/198/ | DRIVER | | VISAYAS S | TATE UNIVERSITY | 22.90/DAY | 1 | CASUAL | YES |
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| O/ON 5 | TUDE | 60 | [0 | Silver on Superace Silver | DATE | CONTRACTOR OF STREET | | | |
| SIGNA | TURE | The state of the s | un | | April 25, 2017 | | | | |
| | | | | 2 5 5 7 2 | | 11-6 | CS | FORM 212 (Revised 201 | 17), Page 2 oi |
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| VI. VOLUNTARY WORK OR INVOLVEMENT | IN CIVIC JN-GOVERNMENT | /PEOPLE/V | OLUNTARY | ORGANIZATION | ivs | |
|--|---|-----------------------------|----------------------|--|-------------------------|--|
| 29. NAME & ADDRESS OF C (Write in fu | | | VE DATES kl/yyyy) | NUMBER OF HOURS | esternis a | POSITION / NATURE OF WORK |
| N/A | | | | | | N/A |
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| | (Co | entinue on separate | sheet if necessa | rv) | | |
| VII. LEARNING AND DEVELOPMENT (L&D) | INTERVENTIONS/TRAINING P | ROGRAMS AT | TENDED | | | |
| (Start from the most recent L&D/training program and include | le only the relevant L&D/training taken for t | the last five (5) years | | ief/Executive/Manageri | | |
| TITLE OF LEARNING AND DEVELOPMENT INTO (Write in ful | ATTEN (mm/d | DANCE | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ | CONDUCTED/ SPONSORED BY | |
| | 1907 St. 1907 (1908) | From | To | 15 and 10 | Technical/etc) | (Write in full) |
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| N/A | | | | | | 2000 |
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| | (Co | ntinue on separate | sheet if necessa | ny) | | |
| VIII. OTHER Y | | | | | | |
| 31. SPECIAL SKILLS and HOBBIES | 32. NO | N-ACADEMIC DISTIN (Write | ICTIONS / RECO | OGNITION | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
| MECHNICAL TROUBLE SHOOTING | N/A LSU-ADPA | | | | | |
| ELECTRONIC TROUBLE SHOOTING | | | | | | LEYTE STATE UNIVERSITY - ADMINISTRATIVE PERSONNEL ASSOC. |
| SINGING, SWIMMING AND CHESS | | | | | | |
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| | (Co | ontinue on separate | sheet if necessa | RESIDENCE OF | | |
| SIGNATURE | Dem | 7 | | DA | TE | April 25, 2017 |

| 34. Are you related by consanguinity or affinity to the a phining chief of bureau or office or to the person who has immediate | | · · · | | | | |
|--|--|-----------------------------------|-----------------------------------|--|--|--|
| Bureau or Department where you will be apppointed, | | | | | | |
| a. within the third degree? | YES V NO | | | | | |
| b. within the fourth degree (for Local Government Unit - Car | YES NO | | | | | |
| | | If YES, give details: | | | | |
| 35. a. Have you ever been found guilty of any administrative off | ense? | YES [| ✓ NO | | | |
| | | If YES, give details: | | | | |
| h House you have eximinally should be for a second | | | П | | | |
| b. Have you been criminally charged before any court? | If YES, give details: | ☑ NO | | | | |
| | Date Filed: | | | | | |
| | | Status of Case/s: | | | | |
| 36. Have you ever been convicted of any crime or violation of an by any court or tribunal? | ☐ YES ☑ NO If YES, give details: | | | | | |
| | | | | | | |
| 37. Have you ever been separated from the service in any of the | | YES NO | | | | |
| retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector? | If YES, give details: | | | | | |
| 38. a. Have you ever been a candidate in a national or local elec | ction held within the last year (except | ☐ YES ☑ NO | | | | |
| | Barangay election)? | | | | | |
| b. Have you resigned from the government service during the | e three (3)-month period before the last | ☐ YES ☑ NO | | | | |
| election to promote/actively campaign for a national or local | 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? | na Carta for Disabled Persons (RA please answer the following items: | | | | | |
| , and the same of any mangerious group. | ☐ YES ☑ NO If YES, please specify: | | | | | |
| b. Are you a person with disability? | ☐ YES ☑ NO | | | | | |
| | | If YES, please specify I | | | | |
| c. Are you a solo parent? | | ☐ YES ☑ NO | | | | |
| " | | If YES, please specify I | ID No: | | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applican NAME | | | | | | |
| DR. MARIA JULIET C. CENIZA | ADDRESS VSU, Visca, Baybay City, Leyte | 9173095016 | | | | |
| DR. ROBERTO C. GUARTE | VSU, Visca, Baybay City, Leyte | 9173108078 | 100 | | | |
| ENGR. ALLAN B. LORETO | VSU, Visca, Baybay City, Leyte | N/A | | | | |
| 42. I declare under oath that I have personally accomplished this Personal D | ata Sheet which is a true, correct and complete s | tatement pursuant to | | | | |
| the provisions of pertinent laws, rules and regulations of the Republic of the | e Philippines. I authorize the agency head/authorize | zed representative to | | | | |
| filing of administrative/criminal case/s against me. | esentation made in this document and its attachm | ents shall cause the | CHITO L. LEONOR | | | |
| GOVERNMENT ISSUED TO (I.C.) assport, GOTO, GOO, 1 NO, DITECTS | | | CHII G L. LEGNOR | | | |
| License, etc.) PLEASE INDICATE ID Number and | | | | | | |
| Government Issued ID: VOO0288 | | 2. May 10 18 | | | | |
| ID/License/Passport No.: NO9-82-011413 | box) | | | | | |
| Date/Place of Issuance: 07/22/15 BAYBAY CITY | | Right Thumbmark | | | | |
| SUBSCRIBED AND SWORN to before me this | niting his/her validly issued | government ID as indicated above. | | | | |
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CS FORM 212 (Revised 2017), Page 4 of 4