


PERSONAL DATA SHEET

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	M A N A G B A N A G		
FIRST NAME	N O R B E R T O		
MIDDLE NAME	M O D I N A		3. NAME EXTENSION (e.g. Jr. Sr.)
4. DATE OF BIRTH (mm/dd/yyyy)	9 / 21 / 1965		16. RESIDENTIAL ADDRESS
5. PLACE OF BIRTH	Brgy. Pangasugan Baybay City, Leyte		Brgy. Pangasugan Baybay City, Leyte
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		ZIP CODE
7. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____		6521-A
8. CITIZENSHIP	Filipino		17. TELEPHONE NO.
9. HEIGHT (m)	1.65		None
10. WEIGHT (kg)	75		18. PERMANENT ADDRESS
11. BLOOD TYPE	O		Brgy. Pangasugan Baybay City, Leyte
12. GSIS ID NO.	On Process		ZIP CODE
13. PAG-IBIG ID NO.	1700-0030-7377		6521-A
14. PHILHEALTH NO.	132005581633		19. TELEPHONE NO.
15. SSS NO.	None		None
			20. E-MAIL ADDRESS (if any)
			None
			21. CELL PHONE NO. (if any)
			0947-7971-2676
			22. AGENCY EMPLOYEE NO.
			On Process
			23. TIN
			928-646-154

II. FAMILY BACKGROUND

24. SPOUSES' SURNAME	Managbanag	25. NAME OF CHILDREN (Write full name and list all)	Date of Birth (mm/dd/yyyy)
FIRST NAME	Ronilda	Klintryan I. Managbanag	11 / 24 / 1987
MIDDLE NAME	Iyana	Lovely I. Managbanag	02 / 08 / 1990
OCCUPATION	Domestic Helper	Rhoda I. Managbanag	02 / 21 / 1992
EMPLOYER/BUS. NAME		Ryalida I. Managbanag	12 / 18 / 1999
BUSINESS ADDRESS			
TELEPHONE NO.			
(Continue on separate sheet if necessary)			
26. FATHER'S SURNAME	Managbanag		
FIRST NAME	Beltran		
MIDDLE NAME	Paman		
27. MOTHER'S MAIDEN NAME			
SURNAME	Suralta		
FIRST NAME	Lucena		
MIDDLE NAME	Modina		
(Continue on separate sheet if necessary)			

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	Pangasugan Elem. School	Elementary	1977	Elementary	1972	1977	None
SECONDARY	N/A						
VOCATIONAL/ TRADE COURSE							
COLLEGE	N/A						
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

29 CAREER SERVICE/RA 1080 (BOARD/BAR) UNDER SPECIAL LAWS/CES/CSEE	RATING	DATE OF EXAMINATION/ CONFERMENT	PLACE OF EXAMINATION/ CONFERMENT	LICENSE (if applicable)	
				NUMBER	DATE OF RELEASE
N/A					

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

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		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
N/A	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

(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		
N/A				
*				
*				
*				
*				
*				

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION		
33. SPECIAL SKILLS/HOBBIES:	34. NON-ACADEMIC DISTINCTIONS/ RECOGNITION (Write in full)	35. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Driving	N/A	N/A

(Continue on separate sheet if necessary)

<p>36. Are you related by consanguinity or affinity to any of the following:</p> <p>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?</p> <p>b. Within the fourth degree (for LOCAL GOVERNMENT Employees): appointing authority or recommending authority where you are appointed?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>37. a. Have you ever been formally charged?</p> <p>b. Have you ever been guilty of any administrative offense?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>40. Have you ever been a candidate in a national or local election (except Barangay election)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>_____</p> <p>_____</p>
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you differently abled?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, pls. specify: _____</p> <p>_____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, pls. specify: _____</p> <p>_____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, pls. specify: _____</p> <p>_____</p>

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

NAME	ADDRESS	TEL. NO.
Dr. Roberta D. Lauzon	DFST, Baybay City, Leyte	335-4800
Dr. Felix J. Amestoso	DFST, Baybay City, Leyte	335-2717
Dr. Lutgarda S. Palomar	DFST, Baybay City, Leyte	335-0848

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.



PHOTO

1113248
COMMUNITY TAX CERTIFICATE NO.
Baybay City, Leyte
ISSUED AT
January 13, 2017
ISSUED ON (mm/dd/yy)

 SIGNATURE (Sign Inside the box)
March 16, 2017 DATE ACCOMPLISHED



RIGHT THUMBMARK