

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 boxes ( ☐ ) 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	APIAG			
FIRST NAME	RUBI	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CADUAN			
3. DATE OF BIRTH (mm/dd/yyyy)	3/31/1959	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	LORETO,SURIGAO DEL NORTE	If holder of dual citizenship, please indicate the details.		
5. SEX	<input type="checkbox"/> Male <input checked="" 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:			
7. HEIGHT (m)	1.57M	17. RESIDENTIAL ADDRESS	#92 <i>House/Block/Lot No.</i> <i>Street</i> <b>BANGBANGALON</b> <i>Subdivision/Village</i> <i>Barangay</i> <b>BOAC</b> <b>MARINDUQUE</b> <i>City/Municipality</i> <i>Province</i> <b>4900</b>	
8. WEIGHT (kg)	52 KG		ZIP CODE	
9. BLOOD TYPE	A		18. PERMANENT ADDRESS	#92 <i>House/Block/Lot No.</i> <i>Street</i> <b>BANGBANGALON</b> <i>Subdivision/Village</i> <i>Barangay</i> <b>BOAC</b> <b>MARINDUQUE</b> <i>City/Municipality</i> <i>Province</i> <b>4900</b>
10. GSIS ID NO.	LP 59033100137			ZIP CODE
11. PAG-IBIG ID NO.	040104808105			
12. PHILHEALTH NO.	09-0000377189			
13. SSS NO.	N/A	19. TELEPHONE NO.	332-0088	
14. TIN NO.	122-519-161	20. MOBILE NO.	0917-100-7058	
15. AGENCY EMPLOYEE NO.	484	21. E-MAIL ADDRESS (if any)	robie_sosa@yahoo.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	APIAG		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	REYNALDO	NAME EXTENSION (JR., SR)	KHAREEN MAY C. SOSA	JULY 1,1986
MIDDLE NAME	MUTIA		KENNETH C. SOSA	AUGUST 27,1989
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	CADUAN (deceased)			
FIRST NAME	BENJAMIN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SEGADOR			
25. MOTHER'S MAIDEN NAME				
SURNAME	CADUAN (deceased)			
FIRST NAME	ROSELA			
MIDDLE NAME	BALINSUGA		(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	LORETO CENTRAL ELEMENTARY SCHOOL	GRADUATED	1965	1971		1971	HONOR STUDENT
SECONDARY	LORETO ACADEMY	GRADUATED	1971	1975		1975	SALUTATORIAN
VOCATIONAL / TRADE COURSE	ST MARY COLLEGE	18 UNITS EDUCATION		1985			
COLLEGE	SOUTHWESTERN UNIVERSITY DR OF PUBLIC HEALTH	BS FOOD NUTRITION AUP 18 UNITS	1975 2002	1979 2003			GRADUATED
GRADUATE STUDIES	MSC SCHOLARSHIP-UP,NETHERLANDS	MASTER DEGREE OF SCIENCE EDUC. MNGT. NUTRITION MANAGEMENT	2001 1997				GRADUATED
DOCTORAL DEGREE	FAR EAST ADVENT THEOLOGY SCHOOL	DOCTOR OF HUMANITIES				2018	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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	
	NUTRITIONIST DIETITIANS LICENSURE EXAM		77.55%	7/1/1980	CEU, MANILA	3338		
(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						
	1995	PRESENT	PGDH - PNPC	PROVINCIAL NUTRITION OFFICE	106,378.00	SG-26/8	PERMANENT	Y
	SEPT 1982	1994	SENIOR NUTRITIONIST	GOVERNORS OFFICE	15,000.00		PERMANENT	Y
	1981	1982	PROV. NUTRITIONIST	DSWD, REGION IV	520.00		CONTRACTUAL	Y
	1980	1980	NUTRITIONIST	DEPARTMENT OF AGRICULTURE - MANILA	20,000.00		CONTRACTUAL	Y
(Continue on separate sheet if necessary)								
SIGNATURE					DATE			

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	SDA HEALTH DIRECTOR				DIRECTOR
	NDAP NATIONAL CHAPTER				MEMBER
	NDAP PROVINCIAL CHAPTER PRESIDENT				PRESIDENT, MARINDUQUE CHAPTER
	WOMENS MINISTRY CHAPTER DIRECTOR				DIRECTOR
	SDA SABBATH SCHOOL DIRECTOR				DIRECTOR
	NAOPA ASSOCIATION (NNC) VICE PRESIDENT				VICE PRESIDENT
	ADVENTIST COMMUNITY SERVICES (ACS)				PROGRAM LEADER

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	NUTRITION IN EMERGENCIES TRAINING	11/26/2019	11/28/2019	24	TECHNICAL	DEPARTMENT OF HEALTH, MIMAROPA
	MATERNAL NUTRITION, INFANT & YONG CHILD FEEDING PROGRAM (MNIYCF) SEMINAR	11/12/2019	11/14/2019	24	TECHNICAL	DEPARTMENT OF HEALTH, MIMAROPA
	MANAGEMENT SEMINAR FOR SEVERELY ACUTE MALNOURISHED (SAM) & MODERATELY ACUTE MALNOURISHED (MAM)	5/27/2019	5/31/2019	32	TECHNICAL	DEPARTMENT OF HEALTH, MIMAROPA
	10 DAY TRAINING WORKSHOP OF TRAINERS ON "RAW PLANT BASED TECHNOLOGY HEALTHY LIVING"	6/26/2017	7/7/2017	80	TECHNICAL	OLOF RAW VEGAN AND PLANT BASED
	SYSTEM COMPETENCIES OF HUMAN RESOURCE MANAGEMENT	12/9/2015	12/9/2015	8	TECHNICAL	CIVIL SERVICE COMMISSION, HUMAN RESOURCE MANAGEMENT OFFICE
	CIVIL SERVICE COMMISSION - OFFICE PERFORMANCE COMMITMENT AND REVIEW - STRATEGIC PERFORMANCE MANAGEMENT SYSTEM	10/20/2015	10/23/2015	32	TECHNICAL	CIVIL SERVICE COMMISSION, HUMAN RESOURCE MANAGEMENT OFFICE
	TRAINING ON NUTRITION IN EMERGENCIES	9/23/2015	9/25/2015	24	TECHNICAL	NATIONAL NUTRITION COUNCIL
	COMMUNITY BASE WELLNESS PROGRAM	9/3/2015	9/3/2015	8	TECHNICAL	PROVINCIAL GOVERNMENT
	68TH ANNUAL CONVENTION, PHILIPPINE ASSOCIATION OF NUTRITIONIST	7/7/2015	7/8/2015	16.0	TECHNICAL	PHILIPPINE ASSOCIATION OF NUTRITIONIST
	DEVELOPMENT A NEW MONITORING & EVALUATION PROTOCOL (PHASE 2)	5/26/2015	5/28/2015	24.0	TECHNICAL	INSTITUTE OF HUMAN NUTRITION & FOOD, COLLEGE OF HUMAN
	TRAINING ON CHILD GROWTH STANDARD (cgs) & NOURISHMENT CAMPAIGN	4/21/2015	4/23/2015	24	TECHNICAL	NATIONAL NUTRITION COUNCIL
	SEMINAR WORKSHOP ON STRATEGIC PERFORMANCE MANAGEMENT SYSTEM	4/8/2015	4/10/2015	24	TECHNICAL	CIVIL SERVICE COMMISSION - REGION IV
	NATIONAL CONGRESS OF BARANGAY NUTRITION SCHOLARS	4/7/2015	4/8/2015	16.0	TECHNICAL	NATIONAL NUTRITION COUNCIL
	WORKSHOP FOR BARANGAY NUTRITION SCHOLARS ASSOCIATION & NUTRITION ACTION OFFICERS ASSOCIATION OF THE PHILIPPINES	4/6/2015	4/6/2015	8.0	TECHNICAL	ECOLOGY UNIVERSITY OF THE PHILIPPINES LOS BAÑOS LAGUNA, NATIONAL NUTRITION COUNCIL
	SUPPLEMENTARY FEEDING PROGRAM MID TERM REVIEW	2/2/2015	2/5/2015	32	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT REGION IV - B
	PROVINCIAL NUTRITION ACTION OFFICER MEETING/ WORKSHOP 2015	1/29/2015	1/30/2015	16	TECHNICAL	NATIONAL NUTRITION COUNCIL

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	GARDENING, COOKING		N/A		NUTRITIONIST - DIETITIAN ASSOCIATIO OF THE PHILIPPINES - CHAPTER
					NUTRITION ACTION OFFICERS ASSOCIATION OF THE PHILIPPINES
					HEALTH DIRECTOR,SDA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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)?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>		
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>		
			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>		
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>		
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?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>		
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?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>		
			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>		
39. Have you acquired the status of an immigrant or permanent resident of another country?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>		
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?			<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>		
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)					
NAME			ADDRESS		TEL. NO.
GOV. PRESBITERO J. VELASCO JR.			MARINDUQUE PROVINCIAL GOVERNMENT		704-00-72
KAPT. DELIO BUENAVENTURA			BANGBANGALON, BOAC		0998-455-6308
PASTOR ALLAN FLORA			BAHI, GASAN		0919-003-9623
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.					
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PRC</div> <div>ID/License/Passport No.: 3338</div> <div>Date/Place of Issuance: MANILA</div>			<div></div> <div>Signature (Sign inside the box)</div> <div></div> <div>Date Accomplished</div>		<div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)  With full and handwritten name tag and signature over printed name</div> <div>PHOTO</div> <div></div> <div>Right Thumbmark</div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.					
<div></div> <div>Person Administering Oath</div>					