

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	MORALETA		
FIRST NAME	HANNIE GRACE		NAME EXTENSION (JR., SR)
MIDDLE NAME	DADULLA		
3. DATE OF BIRTH (mm/dd/yyyy)	02/15/2000	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	WEST BAY, ZAPOTE, LAS PIÑAS CITY	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:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street TANGHAS Subdivision/Village Barangay TOLOSA LEYTE City/Municipality Province
7. HEIGHT (m)	1.49m	ZIP CODE	6503
8. WEIGHT (kg)	38kg		
9. BLOOD TYPE	o	18. PERMANENT ADDRESS	PUROK ROSAL House/Block/Lot No. Street BARBO Subdivision/Village Barangay GUIUAN EASTERN SAMAR City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6809
11. PAG-IBIG ID NO.	121311568046		
12. PHILHEALTH NO.	13-250-105-467-8		
13. SSS NO.	06-4583673-6	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09674124967
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	yechochan@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MORALETA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CORD IAN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CASIO			
OCCUPATION	STUDENT			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	DADULLA			
FIRST NAME	ROMMEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GAGABU-AN			
25. MOTHER'S MAIDEN NAME				
SURNAME	BASBAS			
FIRST NAME	JENNIFER			
MIDDLE NAME	RAMIREZ		(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	CANDUGUE ELEMENTARY SCHOOL	PRIMARY EDUCATION	2006	2012	GRADUATED	2012	1 ST HONORABLE MENTION
SECONDARY	GUIUAN NATIONAL HIGH SCHOOL	HUMANITIES AND SOCIAL SCIENCES	2016	2018	GRADUATED	2018	WITH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE NORMAL UNIVERSITY	BACELOR IN SECONDARY EDUCATION MAJOR IN SOCIAL STUDIES	2018	2022	GRADUATED	2022	CUMLAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MARCH 24, 2024
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[illegible]

V. WORK EXPERIENCE

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

[illegible]

SIGNATURE		DATE	MARCH 24, 2024
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MARCH 24, 2024

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	ODETTE DISASTER RESPONSE TEAM, SOUTHERN LEYTE	01/12/2021	01/04/2022	N/A	VOLUNTEE, HOUSING PROJECT SURVEY ASSESSMENT, RELIEF DISTRIBUTION
	BRIGADA PAGBASA, NULA-TULA TACLOBAN CITY	08/08/2022	08/13/2022	40 HOURS	VOLUNTEER TEACHER
	4D YOUTH OF GUIUAN	01/07/2017	2022	N/A	PEER EDUCATOR
	GIRLS GET EQUAL CAMPAIGN	2018	2021	N/A	YOUTH ADVOCATE
	THE YOUTH REPORTER PROJECT, PLAN INTERNATIONAL, PHILIPPINES	2014	2021	N/A	YOUTH ADVOCATE
	BECAUSE I AM A GIRL, PHILIPPINES	2014	2017	N/A	YOUTH ADVOCATE
	CHILD FRIENDLY SPACE, GUIUAN	2013	2014	N/A	YOUTH FOCAL PERSON

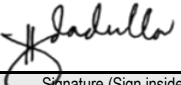

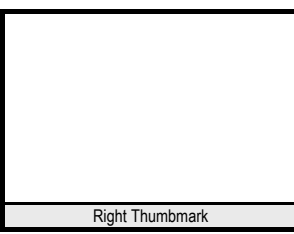
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	DIGITAL VISUAL DESIGN		GUEST SPEAKER - JUNIOR SOCIAL WORKER'S ASSOCIATION OF THE PHILIPPINES-ULS CHAPTER WEBINAR		PEER EDUCATOR OF 4D YOUTH OF GUIUAN
			YOUTH DELEGATE - INTERNATIONAL DAY OF THE GIRL, UNITED NATIONS HEADQUARTER , NEW YORK CITY		GIRLS GET EQUAL CAMPAIGN ADVOCATE - CORE GROUP PHILIPPINES
			YOUTH DELEGATE - GILS SPEAK OUT 2028, UNITED NATIONS HEAD QUARTER, NEW YORK CITY		BCAUSE I AM A GIRL ADVOCATE - CORE GROUP PHILIPPINES
			YOUTH REPRESENTATIVE - EUROPIAN UNION DAY CELEBRATION, MANDALUYONG CITY		YOUTH REPRESENTATIVE/LEADER OF THE YOUTH REPORTER PROJECT PHILIPPINES, SAMAR
			PRIDE OF GUIUAN (YOUNG CATEGORY) 2015		
			2ND PLACE IN ULRICH WICKERT AWARD FOR CHILDREN - YOUTH REPORTER REPRESENTATIVE , GERMANY		

SIGNATURE		DATE	MARCH 24, 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>RESIGN</u>	
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 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)		
NAME	ADDRESS	TEL. NO.
BYOUNGGI KANG	PALO, LEYTE	9156133508
ROY MORALETA	TOLOSA, LEYTE	
RHONALYN S. QUIPIT	BOHOL	
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.		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID/License/Passport No.: 13-250-105-467-8 Date/Place of Issuance: N/A	 Signature (Sign inside the box) MARCH 24, 2024 Date Accomplished	 PHOTO
		 Right Thumbmark
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div style="border: 1px solid black; width: 300px; height: 50px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto; text-align: center;"> Person Administering Oath </div>		