





Republic of the Philippines
OFFICE OF THE CITY MAYOR
San Pablo City

OFFICE OF THE SANGGUNIANG PANLUNGSOD CITY OF SAN PABLO		
RECEIVED		
	SEP 19 2023	TIME: 3pm
RECEIVED BY: 		

September 14, 2023

The Honorable Sangguniang Panglunsod
City of San Pablo

Hon. Ladies and Gentlemen:

I am forwarding herewith the Appointment and Personal Data Sheet of **MS. MARILYN S. ESCONDO – CITY SOCIAL WELFARE & DEVELOPMENT OFFICER**, this city, requesting for confirmation pursuant to Section 454 (d) R.A. 7160 otherwise known as the Local Government Code of 1991.

Very truly yours,


VICENTE B. AMANTE
City Mayor

Republic of the Philippines
LGU – San Pablo
San Pablo CityMr./Mrs./ Ms.: MARILYN S. ESCONDOYou are hereby appointed as CITY SOCIAL WELFARE & DEVELOPMENT
OFFICER I (SG/JG/PG 25/1)
(Position Title)under PERMANENT status at the CITY SOCIAL WELFARE & DEVELOPMENT OFFICE
(Permanent, Temporary) (Office/Department/Unit)with a compensation rate of ONE HUNDRED TWO THOUSAND SIX HUNDRED
NINETY PESOS PER MONTH (P 102,690.00)
pesos per month.The nature of this appointment is PROMOTION vice GRACE
(Original, Promotion, etc.)D. ADAP, who RETIRED with Plantilla Item No. 0643
(Transferred, Retired, etc.)Page 206.

This appointment shall take effect on the date of signing by the appointing officer/authority.

Very Truly Yours,

VICENTE B. AMANTE
City Mayor

Appointing Officer/Authority

9-13-2023

Date of Signing

Accredited / Deregulated Pursuant to
CSC Resolution No. 002765, s. _____
dated December 11, 2000

DRY SEAL

(Stamp of Date of Release)

Certification

This is to certify that all requirements and supporting papers pursuant to CSC MC no.24,S.2017 as amended have been complied with, reviewed and found to be in order.

The position was published at CSCRO 4 IT UNIT from AUG. 11,2023 to AUG. 26,2023 and posted in CSCFO, LAGUNA from AUG. 11,2023 to AUG. 26,2023 in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on SEPTEMBER 8,2023.

ENGR. DIOSDADO A. BIGLETE

Concurrent HRMO

Certification

This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB / Placement Committee during the deliberation held on SEPTEMBER 12,2023

VICENTE B. AMANTE
City Mayor

Chairperson, HRMPSB / Placement Committee

CSC / HRMO Notation

ACTION ON APPOINTMENT			Recorded by
<input type="checkbox"/> Validated per RAI for the month of _____			
<input type="checkbox"/> Invalidated per CSCRO/FO letter dated _____			
<input type="checkbox"/> Appeal	DATE FILED	STATUS	
<input type="checkbox"/> CSRO/CSC-Commission			
<input type="checkbox"/> Petition for Review			
<input type="checkbox"/> CSC-Commission			
<input type="checkbox"/> Court of Appeals			
<input type="checkbox"/> Supreme Court			

Acknowledgement

Original Copy – for the Appointee

Second Day – for the Civil Service Commission

Third Copy – for the Agency

Received original/photocopy of appointment on _____

Marilyn S. Escondo
Appointee

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	ESCONDO		
FIRST NAME	MARILYN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SATOYA		
3. DATE OF BIRTH (mm/dd/yyyy)	05/20/1961	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	TAYABAS, QUEZON	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 type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	79 PUROK IV House/Block/Lot No. Street SAN LUCAS 2 Subdivision/Village Barangay SAN PABLO LAGUNA City/Municipality Province 4000
7. HEIGHT (m)	4'11"	18. PERMANENT ADDRESS	79 PUROK IV House/Block/Lot No. Street SAN LUCAS 2 Subdivision/Village Barangay SAN PABLO LAGUNA City/Municipality Province 4000
8. WEIGHT (kg)	138 lbs.	19. TELEPHONE NO.	
9. BLOOD TYPE	O	20. MOBILE NO.	0949-3298-073
10. GSIS ID NO.	LP61052002507	21. E-MAIL ADDRESS (if any)	escondomarilyn20@gmail.com
11. PAG-IBIG ID NO.	1470-0049-1540		
12. PHILHEALTH NO.	08-050260483-3		
13. SSS NO.			
14. TIN NO.	133-526-417-000		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ESCONDO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	SALEO (DECEASED)	NAME EXTENSION (JR., SR)	KELSSY ANN S. ESCONDO	02/05/1989
MIDDLE NAME	TIQUIS		JOYFUL ANN S. ESCONDO	07/08/1990
OCCUPATION	N/A		JESSA ANN S. ESCONDO	12/21/1991
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	SATOYA			
FIRST NAME	RODOLFO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LADER			
25. MOTHER'S MAIDEN NAME				
SURNAME	VARGAS			
FIRST NAME	MARGARITA			
MIDDLE NAME	CINO		(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	LUCENA EAST ELEMENTARY SCHOOL	ELEMENTARY	1969	1974	graduated	1974	
SECONDARY	QUEZON PROVINCIAL HIGH SCHOOL	SECONDARY	1974	1978	graduated	1978	
VOCATIONAL / TRADE COURSE							
COLLEGE	SACRED HEART COLLEGE LUCENA CITY	BACHELOR OF SCIENCE IN SOCIAL WORKS	1978	1982	graduated	1982	
GRADUATE STUDIES	PHILIPPINE WOMEN'S UNIVERSITY	MASTER IN SOCIAL WELFARE ADMINISTRATION	04/01/2017	10/01/2017	18 UNITS		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	SEP 14 2023
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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
	REGISTERED SOCIAL WORKER	70.60%	06/01/1982	RAMON MAGSAYSAY HIGH SCHOOL, MANILA	0004819	11/01/1982

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

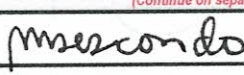
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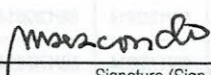


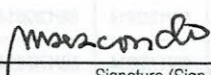


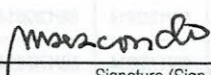


SIGNATURE

musando

DATE _____

SEP 14 2023

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			
	BAHAY PAG-IBIG (VOLUNTARY WORK)	EVERY SATURDAY		1 HR	PREPARED THE RECORDS OF THE AGED "SOCIAL WORKER"	
(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			
	GENDER SENSISTIVITY TRAINING	03/18/2023	03/18/2023	8 Hrs.		GEMCO
	ECCD SEMINAR	03/01/2023	03/01/2023			DSWD Region IV-A
	SOCIAL TECHNOLOGY CARAVAN ON PROGRAM AND SEVICE	01/24/2023	01/27/2023	32 Hrs.		DSWD Region IV-A
	SUPERVISORY DEVELOPMENT COURSE TRACK I	11/15/2022	11/18/2022	32 Hrs.		HUMAN RESOURCE
	CONSULTATION WORKSHOP ON THE DRAFTING OF SPC ON HIV AND AIDS ORDINANCE	10/19/2022	10/20/2022	16 Hrs.		DSWD Region IV-A
	14th AKO PARA SA BATA	10/08/2022	10/08/2022	3 Hrs.		NON GOVERNMENT ORGANIZATION
	14th AKO PARA SA BATA	09/29/2022	09/29/2022	3 Hrs.		NON GOVERNMENT ORGANIZATION
	ENHANCEMENT TRAINING IN HANDLING TRAFFICKING IN PERSON	09/19/2022	09/23/2022	40 Hrs.		DSWD Region IV-A
	ORIENTATION ON LOCAL COUNCIL FOR THE PROTECTION OF CHILDREN	12/2/2021	12/3/2021	16 Hrs.		DSWD Region IV-A
	PHILIPINNE ASSOCIATION OF SOCIAL WORKERS INCORPORATED SEMINAR	10/19/2021	10/22/2021	32 Hrs.		NATIONAL AGENCY
	PRE-MARRIAGE ORIENTATION PMO VIRTUAL TRAINING	11/26/2020	11/27/2020	16 Hrs.		Commission of Population Region IV-A
	ORIENTATION R.A. 11223 UNIVERSAL HEALTHCARE ACT	02/13/2020	02/13/2020	8 Hrs.		Philhealth Regional Office
	T.O.T.B.N.E.O AND GREAT PROGRAM	11/26/2018	11/27/2018	16 Hrs.		DILG Region IV-A
	COMMUNITY BASE DRUG REHABILITATION PROGRAM	11/29/2018	11/29/2018	10 Hrs.		DILG/ADAC
	TRAINING ON ADMINISTRATING PSYCHOSOCIAL ASSESSMENT DOH MEAN TEST	07/24/2018	07/27/2018	30 Hrs.		DOH Region IV-A
	IMPLEMENTATION REVIEW ON ALTERNATIVE FAMILY CASE	06/20/2018	06/22/2018	26 Hrs.		DSWD Region IV-A Alabang, Muntinlupa City
	BASIC INCIDENT COMMAND SYSTEM TRAINING COURSE	04/17/2017	04/19/2017	30 Hrs.		RDRRMC IV-A and OCD Region IV-A
	SOCIAL PROTECTION FORUM	11/10/2016	11/10/2016	8 Hrs.		DSWD Central Office
	ANTI-ILLEGAL RECRUITMENT TRAFFICKING IN PERSON CAMPAIGN, "Seminar and Capability Enhancement Training An Overseas	10/20/2016	10/21/2016	16 Hrs.		POEA/PESO Provincial Office, Sta. Cruz
	Workshop in Development of the Comprehensive in Local Juvenile Intervention Program	10/13/2016	10/14/2016	18 Hrs.		DSWD Region IV-A Alabang, Muntinlupa City
	TRAINING IN MANAGING DRUG RELATED PROBLEM FDAPP/SDEC/START	10/04/2016	10/07/2016	20 Hrs.		DSWD Region IV-A Alabang, Muntinlupa City
	WORKSHOP IN MENTAL HEALTH and PSYCHOLOGICAL SUPPORT EMERGENCIES and DISASTER	08/11/2016	08/12/2016	16 Hrs.		CHO, San Pablo City
	Technical Write Shop in Preparation of Report for Alternative Family Care Program for LGU Social Worker	05/18/2016	05/20/2016	15 Hrs.		DSWD Region IV-A Alabang, Muntinlupa City
	Training in Salient Feature of R.A. 9344 as Amended Local Juvenile Justice Intervention	11/21/2015	11/24/2015	40 Hrs.		DSWD Region IV-A Alabang, Muntinlupa City
	Consultation Dialogue on Alternantive Parental Care	11/12/2015	11/12/2015	8 Hrs.		DSWD Region IV-A Alabang, Muntinlupa City
	Investigative Training on Trafficking in Person	09/29/2015	10/01/2015	16 Hrs.		Regional Anti-Trafficking Tasks Force Region IV-A RATTFA
	HIV COUNSELING and TESTING Training Health Care Personnel for HIV Intervention REG. IV-A	07/05/2015	07/10/2015	40 Hrs.		DOH Region IV-A
	LAGUNA PROVINCIAL SUMMIT on Disaster Risk Reduction and Management	08/12/2014	08/12/2014	8 Hrs.		RDRRMC
	ALTERNATIVE FOSTER PARENTAL CARE PROGRAM	06/17/2014	06/17/2014	8 Hrs.		DSWD Region IV-A Alabang, Muntinlupa City
	Orientation R.A. 9208 TRAFFICKING in PERSON WELFARE ACT	12/05/2013	12/05/2013	8 Hrs.		DSWD Region IV-B MiMaRoPa
(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)		
	READING	N/A		N/A		
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	SEP 14 2023	

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>EDGARDO AQUINO</td><td>BRGY. SAN LUCAS 2, SAN PABLO CITY</td><td></td></tr><tr><td>HON. EUFRACIO CIABAL</td><td>BRGY. SAN LUCAS 2, SAN PABLO CITY</td><td></td></tr><tr><td>DR. JOB BRION</td><td>SPC GENERAL HOSPITAL, CHO HEAD</td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	EDGARDO AQUINO	BRGY. SAN LUCAS 2, SAN PABLO CITY		HON. EUFRACIO CIABAL	BRGY. SAN LUCAS 2, SAN PABLO CITY		DR. JOB BRION	SPC GENERAL HOSPITAL, CHO HEAD	
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HON. EUFRACIO CIABAL	BRGY. SAN LUCAS 2, SAN PABLO CITY												
DR. JOB BRION	SPC GENERAL HOSPITAL, CHO HEAD												
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:</td><td>LGU-Government ID</td></tr><tr><td>ID/License/Passport No.:</td><td>0644</td></tr><tr><td>Date/Place of Issuance:</td><td>San Pablo City</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:	LGU-Government ID	ID/License/Passport No.:	0644	Date/Place of Issuance:	San Pablo City	<table><tr><td> Signature (Sign inside the box) SEP 14 2023 Date Accomplished</td><td>  Right Thumbmark</td></tr></table>	 Signature (Sign inside the box) SEP 14 2023 Date Accomplished	  Right Thumbmark		
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Date/Place of Issuance:	San Pablo City												
 Signature (Sign inside the box) SEP 14 2023 Date Accomplished	  Right Thumbmark												
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>NILO V. MARGATE Associate City Prosecutor Person Administering Oath</td></tr></table>		NILO V. MARGATE Associate City Prosecutor Person Administering Oath											
NILO V. MARGATE Associate City Prosecutor Person Administering Oath													

REPUBLIC OF THE PHILIPPINES
CITY OF SAN PABLO

OATH OF OFFICE

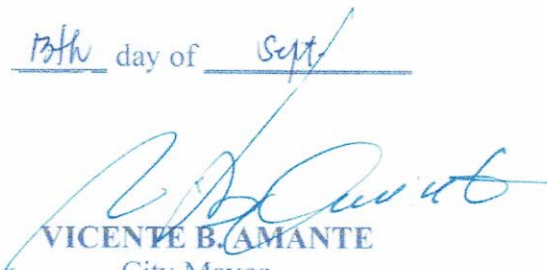
I, **MARILYN S. ESCONDO** of Brgy. San Lucas II, San Pablo City
having been appointed to the position of **CITY SOCIAL WELFARE &
DEVELOPMENT OFFICER I** hereby solemnly swear, that I will faithfully
discharge to the best of my ability, the duties of my present position and of all others that
I may hereafter hold under the Republic of the Philippines, that I will bear true faith and
allegiance to the same; that I will obey the laws, legal orders, and decrees promulgated by
the duly constituted authorities of the Republic of the Philippines; and that I impose this
obligation upon myself voluntarily, without mental reservation or purpose of evasion.

SO HELP ME GOD.


MARILYN S. ESCONDO

Government ID: TIN ID
ID Number : 133-526-417
Date /Place of Issued San Pablo City

Subscribed and sworn to before me this 13th day of Sept
2023 in the City of San Pablo, Philippines


VICENTE B. AMANTE
City Mayor

REPUBLIC OF THE PHILIPPINES
CITY OF SAN PABLO

CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that Ms./Mr **MARILYN S. ESCONDO** has assumed the duties and responsibilities as **CITY SOCIAL WELFARE & DEVELOPMENT OFFICER I** of the office of the City Social Welfare & Development, this city effective SEPT. 13, 2023

This certification is issued in connection with the issuance of the appointment of Ms. Escondo as City Social Welfare & Development Officer I

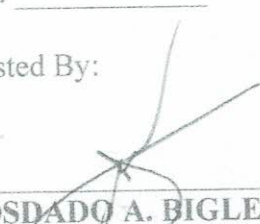
Done this 13th of SEPT., 2023 in San Pablo City


VICENTE B. AMANTE

Head of Office/Department/Unit

Date: _____

Attested By:


DIOSDADO A. BIGLETE

City Solid Waste Management Officer
Concurrent CHRMO

201 File
Admin.
COA
CSC