

# 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	LEONO		
FIRST NAME	PHOEBE JANE	NAME EXTENSION (JR., SR) NA	
MIDDLE NAME	EDQUILA		
3. DATE OF BIRTH (mm/dd/yyyy)	01/30/1993	16. CITIZENSHIP	FILIPINO <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	CABANGLASAN, BUKIDNON	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	BLOCK 16, LOT 4 N/A House/Block/Lot No. Street CARMENVILLE CASISANG Subdivision/Village Barangay MALAYBALAY BUKIDNON City/Municipality Province
7. HEIGHT (m)	1.54	ZIP CODE	8700
8. WEIGHT (kg)	65	18. PERMANENT ADDRESS	BLOCK 16, LOT 4 N/A House/Block/Lot No. Street CARMENVILLE CASISANG Subdivision/Village Barangay MALAYBALAY BUKIDNON City/Municipality Province
9. BLOOD TYPE	O+	ZIP CODE	8700
10. GSIS ID NO.	BP2005592985	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121118993563	20. MOBILE NO.	09068114744
12. PHILHEALTH NO.	150254020798	21. E-MAIL ADDRESS (if any)	phoebeedquila@gmail.com
13. SSS NO.	0825698685		
14. TIN NO.	321421219		
15. AGENCY EMPLOYEE NO.	181231		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LEONO	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RHONDELL MAR	ZAORY STIV EDQUILA LEONO	9/1/2017
MIDDLE NAME	SAMELO	ZEAM AIZE EDQUILA LEONO	05/22/2019
OCCUPATION	AGRICULTURAL TECHNOLOGIST	GLYCINE MAX EDQUILA LEONO	12/23/2021
EMPLOYER/BUSINESS NAME	BUREAU OF FIRE PROTECTION REGION 10		
BUSINESS ADDRESS	CARMEN, CDO		
TELEPHONE NO.	NA		
24. FATHER'S SURNAME	EDQUILA		
FIRST NAME	ANTONIO		
MIDDLE NAME	DOYSABAS		
25. MOTHER'S MAIDEN NAME	FE SULATAN SANTILLAN		
SURNAME	EDQUILA		
FIRST NAME	FE		
MIDDLE NAME	SANTILLAN		

(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	CAPINONAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	2000	2006	N/A	2006	N/A
SECONDARY	CABULOHAN PARADISE NATIONAL HIGH SCHOOL ANNEX	SECONDARY EDUCATION	2006	2010	N/A	2010	N/A
VOCATIONAL / TRADE COURSE	MMS DEVELOPMENT TRAINING CENTER BUKIDNON	SLAUGHTERING OPERATIONS NC2	12/11/2017	1/1/2018	N/A	2018	N/A
COLLEGE	CENTRAL MINDANAO UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN ANIMAL SCIENCE	2010	2014	N/A	2014	N/A
	VALENCIA COLLEGES INC.	PROFESSIONAL EDUCATION	2016	2017	N/A	2017	N/A
GRADUATE STUDIES	CENTRAL MINDANAO UNIVERSITY	MASTER OF SCIENCE IN AGRICULTURAL EXTENSION	2023	2023	1ST YEAR		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	October 16, 2023
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**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		
N/A	N/A	N/A	N/A	N/A

(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)

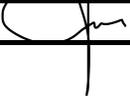
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
TRAINING ON PROJECT MANAGEMENT DESIGN AND IMPLEMENTATING MONITORING AND EVALUATION SYSTEM	10/10/2023	10/10/2023	8.00	TECHNICAL	LGU MALAYBALAY AGRICULTURE OFFICE
TRAINING ON CLIMATE INFORMATION SYSTEM	8/22/2023	8/23/2023	16.00	TECHNICAL	DEPARTMENT OF AGRICULTURE REGION 10
1 DAY BASIC SIGN LANGUAGE TRAINING	6/30/2023	6/30/2023	8.00	TECHNICAL	LGU MALAYBALAY CSWDO
2 DAY MICROSOFT APPLICATION WORKSHOP TRAINING	10/11/2023	10/12/2023	16.00	TECHNICAL	LGU MALAYBALAY AGRICULTURE OFFICE
SERVICE IMPROVEMENT IN TRANSITION TO THE NEW ERA: SHARED VALUES, WORK ETHICS, AND ACCOUNTABILITY SEMINAR WORKSHOP	08/30/2022	08/30/2022	8.00	SUPERVISORY	LGU MALAYBALAY HUMAN RESOURCEMANAGEMENT OFFICE
SEMINAR WORKSHOP ON TECHNICAL WRITING	05/27/2022	05/27/2022	8.00	TECHNICAL	LGU MALAYBALAY HUMAN
2 DAY STRATEGIC PLANNING WORKSHOP	10/21/2021	10/22/2021	16.00	TECHNICAL	LGU MALAYBALAY AGRICULTURE OFFICE
ESTABLISHMENT OF CACAO PROCESSING FACILITIES AND VARIOUS S&T INTERVENTION FOR MALAYBALAY CITY CACAO GROWERS TO PROVIDE LIVELIHOOD OPPORTUNITIES TO MAGNETIZED FARMERS IN MALAYABALAY-D2	07/21/2021	07/21/2021	8.00	TECHNICAL	DEPARTMENT OF SCIENCE AND TECHNOLOGY-PROVINCIAL SCIENCE AND TECHNOLOGY CENTER BUKIDNON
BANTAY ASF SA BARANGAY: TRAINING ON QUANTUM GEOGRAPHIC INFORMATION SYSTEM (GIS)	1/8/1900	03/19/2021	8.00	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE R10
CAPACITATING AND EMPOWERING VCI STUDENTS	07/17/2017	3/19/2017	24	SUPERVISORY	VALENCIA COLLEGES INC
REFRESHER COURSE/CAPABILITY ENHANCEMENT BATCH 1 SYSTEM OF RICE INTENSIFICATION (SRI)	04/22/2019	04/26/2019	40.00	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE R10
GOOD AGRICULTURAL PRACTICES ON CORN : AREAS OF SAFETY AND QUALITY STANDARD	11/12/2018	11/12/2018	8.00	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE R10
PLANNING WORKSHOP ON MAINSTREAMING OF THE SUSTAINABLE LAND MANAGEMENT (SLM) PRACTICES TO THE MALAYBALAY CITY AGRICULTURAL AND FISHERIES MODERNIZATION PLAN (CAFMP) FOR 2018-2023	9/4/2018	9/5/2018	16.00	TECHNICAL	BSWM-UNDP GEF
TRAINING ON CASSAVA AND SWEET POTATO PROCESSING, PACKAGING AND LABELLING	8/3/2016	8/5/2016	24.00	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE R10
SKILLS TRAINING ON AGRI PRODUCT PROCESSING AND ENTREPRENEURSHIP DEVELOPMENT	07/15/2016	07/16/2016	16.00	TECHNICAL	PROVINCIAL AGRICULTURE OFFICE BUKIDNON
ISO 22000:2005 + ISO/TS 22002-2009 FSMS AWARENESS	12/8/2015	12/8/2015	8.00	TECHNICAL	ACADEMY SERVICES TUV RHEINLAND
FOOD HANDLING SEMINAR	5/6/2014	5/6/2014	8.00	TECHNICAL	CITY HEALTH OFFICE CDO

(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)
NC2 ANIMAL PRODUCTION	N/A	PHILIPPINE ASSOCIATION OF AGRICULTURIST INC.
NC2 SLAUGHTERING OPERATION		
PLAYING GUITAR		
DRIVING		
COOKING		

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	October 16, 2023
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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 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: <u>HIGAONON TRIBE</u>												
	<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: _____												
	<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)													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">NAME</th> <th style="width:40%;">ADDRESS</th> <th style="width:20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>BRGY CAPTAIN EDOY CALDERON</td> <td>POBLACION, CABANGLASAN BUKIDNON</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	BRGY CAPTAIN EDOY CALDERON	POBLACION, CABANGLASAN BUKIDNON							
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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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></td> </tr> <tr> <td>Government Issued ID: <b>PRC</b></td> </tr> <tr> <td>ID/License/Passport No.: <b>0025419</b></td> </tr> <tr> <td>Date/Place of Issuance: <b>03/07/2017/CDO</b></td> </tr> </table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>	Government Issued ID: <b>PRC</b>	ID/License/Passport No.: <b>0025419</b>	Date/Place of Issuance: <b>03/07/2017/CDO</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 50px;">             Signature (Sign inside the box)         </td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>	 Signature (Sign inside the box)	Date Accomplished						
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 40px;">           Person Administering Oath         </td> </tr> </table>		Person Administering Oath											
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