

# 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	ESCALDERON			
FIRST NAME	ALMA	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LLEDO			
3. DATE OF BIRTH (mm/dd/yyyy)	03/17/1975	16. CITIZENSHIP	FILIPINO	
4. PLACE OF BIRTH	OLUTANGA, ZAMBOANGA SIBUGAY	If holder of dual citizenship, please indicate the details.	Pls. indicate country:	
5. SEX	FEMALE			
6. CIVIL STATUS	MARRIED	17. RESIDENTIAL ADDRESS	PUROK 1 <i>Street</i>	
7. HEIGHT (m)	1.6		<i>House/Block/Lot No.</i>	SAN AGUSTIN <i>Barangay</i>
8. WEIGHT (kg)	73		<i>Subdivision/Village</i>	SAGBAYAN <i>City/Municipality</i>
9. BLOOD TYPE	"O" (+)		ZIP CODE	9000
10. GSIS ID NO.		18. PERMANENT ADDRESS	PUROK 1 <i>Street</i>	
11. PAG-IBIG ID NO.			<i>House/Block/Lot No.</i>	SAN AGUSTIN <i>Barangay</i>
12. PHILHEALTH NO.	14-000058715-6		<i>Subdivision/Village</i>	SAGBAYAN <i>City/Municipality</i>
13. SSS NO.			ZIP CODE	9000
14. TIN NO.	933-959-337	19. TELEPHONE NO.	NONE	
15. AGENCY EMPLOYEE NO.		20. MOBILE NO.	09663308355	
		21. E-MAIL ADDRESS (if any)	<a href="mailto:almaescal@yahoo.com">almaescal@yahoo.com</a>	

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ESCALDERON		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	GARY	NAME EXTENSION (JR., SR)	AIANNE AGNES L. ESCALDERON	2/2/99
MIDDLE NAME	DIONSON		ARIANA GARRIE L. ESCALDERON	02/05/2009
OCCUPATION	NONE		AZRIELA MARYAM L. ESCALDERON	04/14/2017
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LLEDO			
FIRST NAME	TEOVALDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DINGAL			
25. MOTHER'S MAIDEN NAME				
SURNAME	POLINAR			
FIRST NAME	CONCHITA			
MIDDLE NAME	PATINDOL		<i>(Continue on separate sheet if necessary)</i>	

## 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	OLUTANGA CENTRAL SCHOOL	ELEMENTARY EDUCATION	1981	1887	GRADUATED	1987	WITH HONORS
SECONDARY	LOYOLA HIGH SCHOOL	SECONDARY EDUCATION	1987	1991	GRADUATED	1991	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SILLIMAN UNIVERSITY	BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY	1992	1996	GRADUATED	1996	N/A
GRADUATE STUDIES	ATENEO DE ZAMBOANGA UNIVERSITY	DOCTOR OF MEDICINE	1998	2003	GRADUATED	2003	N/A

*(Continue on separate sheet if necessary)*

<b>SIGNATURE</b>		<b>DATE</b>	
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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		

*(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			
	Contemporary Approaches to Pain Management in Orthopedic Practices	02/14/2017	02/14/2017	8.0		Saudi Orthopedic Society
	CME-PD Series of Lectures for GAMA Hospital 2013	1/1/13	1/1/14	336.0		GAMA HOSPITAL
	OSTEOPOROSIS UPDATE WORKSHOP	02/21/2013	02/21/2013	8.0		Saudi Orthopedic Society
	Patient Safety Officer Quality Professionals	8/12/13	8/12/13	8.0		Saudi Medical Society
	Certified Professional in Infection Control	01/26/14	01/30/2014	40.0		Saudi Medical Society
	Certificate in Hospital Surveying	02/15/2014	02/20/2014	48.0		Saudi Medical Society
	Aspects of Diabetic Care Mini Symposium	04/20/2014	04/20/2014	8.0		Saudi Medical Society
	Certified Professional in Health and Hospital Administration	04/20/2014	04/20/2014	8.0		Saudi Medical Society
	Contraception Symposium	04/28/2014	04/28/2014	8.0		Saudi Obstetrics and Gynecology Society
	Ethics and Research in Reproductive Health	4/9/14	4/9/14	8.0		Saudi Obstetrics and Gynecology Society
	Certified in Healthcare Quality	05/26/2014	05/29/2014	32.0		Saudi Medical Society
	Certified in Healthcare Performance Improvement	06/23/2014	06/23/2014	8.0		Saudi Medical Society
	Certified in Healthcare Management	10/19/2014	10/19/2014	8.0		Saudi Medical Society
	CME-PD Internal Activities for GAMA Hospital 2015	1/1/15	1/1/16	336.0		GAMA HOSPITAL
	Management of Type 2 Diabetes	05/10/2016	05/10/2016	8.0		Saudi Medical Society
	Potential Role of SGLT2 Inhibitors in Treatment of Type 2 Diabetes	10/23/2016	10/23/2016	8.0		Saudi Medical Society
	Asthma Crash Course Program	11/25/2016	11/25/2016	8.0		Saudi Medical Society
	Update in Management of Upper Respiratory Tract Infections	11/30/2016	11/30/2016	8.0		Saudi Medical Society
	Eczema Update Symposium	2/12/16	2/12/16	8.0		Saudi Medical Society
	Bronchial Asthma Control in Real Life	3/12/16	3/12/16	8.0		Saudi Medical Society
	Management of T2D Patients. A Closer Look to CV Risk	8/12/16	8/12/16	8.0		Saudi Medical Society

*(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)
					PHILIPPINE MEDICAL ASSOCIATION
					MISAMIS ORIENTAL MEDICAL SOCIETY

*(Continue on separate sheet if necessary)*

<b>SIGNATURE</b>		<b>DATE</b>	
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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)?

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?

If YES, give details: \_\_\_\_\_

\_\_\_\_\_

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?

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?

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?

If YES, give details: \_\_\_\_\_

If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country?

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?

If YES, please specify: \_\_\_\_\_

If YES, please specify ID No: \_\_\_\_\_

If YES, please specify ID No: \_\_\_\_\_

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

NAME	ADDRESS	TEL. NO.

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

Computer generated or photocopied picture is not acceptable

PHOTO

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: \_\_\_\_\_

ID/License/Passport No.: \_\_\_\_\_

Date/Place of Issuance: \_\_\_\_\_

Signature (Sign inside the box)

\_\_\_\_\_

Date Accomplished

\_\_\_\_\_

Right Thumbmark

\_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

\_\_\_\_\_

Person Administering Oath

<b>Yes/No</b>	<b>Cstat</b>	<b>Gender</b>		
Yes	Single	Male		
No	Married	Female		
	Separated			
	Widowed			