

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	MANDIA		
FIRST NAME	JOYCEE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SILLEZA		
3. DATE OF BIRTH (mm/dd/yyyy)	09/28/98	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	POBLACION ZONE 2 JAVIER, LEYTE		
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	LORETO BORADING HOUSE House/Block/Lot No. Street BRGY PANGASUGAN, BAYBAY CITY, LEYTE Subdivision/Village Barangay JAVIER LEYTE City/Municipality Province
7. HEIGHT (m)	1.54	ZIP CODE	
8. WEIGHT (kg)	43		
9. BLOOD TYPE	0		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street POBLACION ZONE 2, JAVIER LEYTE Subdivision/Village Barangay JAVIER LEYTE City/Municipality Province
12. PHILHEALTH NO.	132505782716	ZIP CODE	6511
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09129910453
15. AGENCY EMPLOYEE NO.	N.A	21. E-MAIL ADDRESS (if any)	joyceemandia28@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MANDIA			
FIRST NAME	DAVID	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SILLEZA			
25. MOTHER'S MAIDEN NAME				
SURNAME	SILLEZA			
FIRST NAME	JOSEPHINE			
MIDDLE NAME	SOLIS		(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	JAVIER CENTRAL SCHOOL	N/A	2006	2011	GRADUATED	2011	5th Honor
SECONDARY	JAVIER NATIONAL HIGH SCHOOL	N/A	2011	2015	GRADUATED	2015	Salutatorian
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS	BACHELOR OF SCIENCE IN ANIMAL SCIENCE	2015	2019	GRADUATED	2019	Cum Laude
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY- MAIN CAMPUS	MASTER OF SCIENCE IN ANIMAL SCIENCE	2019	2021	GRADUATING	2021	

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	08/04/2021

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(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.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	08/04/2021
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

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			
PHILSAN VIRTUAL ANIMAL NUTRITION CONFERENCE	7/10/2021	28/10/2021	3.0	RESEARCH	PHILIPPINE SOCIETY OF ANIMAL NUTRITIONIST
EMERGING PATHOGENS OF INTEREST IN THE FOOD INDUSTRY	04/02/2021		2.0	TECHNICAL	GLENWOOD TECHNOLOGIES INTERNATIONAL
WATER QUALITY AWARENESS	09/12/2020		2.0	TECHNICAL	GLENWOOD TECHNOLOGIES INTERNATIONAL
MYCOTOXINS IN FOOD AND FEED	22/10/2020		2.0	TECHNICAL	GLENWOOD TECHNOLOGIES INTERNATIONAL

[illegible]

(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)
SINGING		PHILIPPINE FOOD SAFETY AMBASSADORS
PLAYING INSTRUMENTS		
READING		
WATCHING DOCUMENTARIES		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	08/04/2021
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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)?

☐ YES

☒ NO

☐ YES

☒ 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?

☐ YES

☒ NO

If YES, give details:

☐ YES

☒ 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?

☐ YES

☒ 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?

☐ YES

☒ 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?

☐ YES

☒ NO

If YES, give details: _____

☐ YES

☒ NO

If YES, give details: _____

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

☐ YES

☒ 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?

☐ YES

☒ NO

If YES, please specify: _____

☐ YES

☒ NO

If YES, please specify ID No: _____

☐ YES

☒ NO

If YES, please specify ID No: _____

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

NAME	ADDRESS	MOBILE NO.
DINAH M. ESPINA Ph.D	VSU BAYBAY CITY LEYTE	9173276763
DR. IVY C. EMNACE Ph.D	VSU BAYBAY CITY LEYTE	9225219482


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:



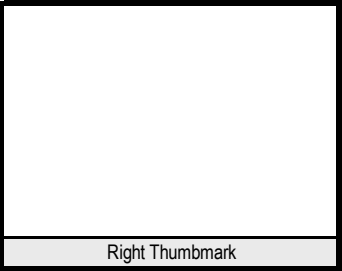
Signature (Sign inside the box)

04/08/21

Date Accomplished



PHOTO



Right Thumbmark

SUBSCRIBED AND SWORN to before me this Label 25, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

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