

# 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	DE LA CUESTA		
FIRST NAME	JERWIN	NAME EXTENSION (JR., SR)	
MIDDLE NAME			
3. DATE OF BIRTH (mm/dd/yyyy)	10/15/1990	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	LEYTE, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	MABINI House/Block/Lot No. Street POBLACION Subdivision/Village Barangay LEYTE LEYTE City/Municipality Province
7. HEIGHT (m)	1.63	ZIP CODE	6533
8. WEIGHT (kg)	55		
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	MABINI House/Block/Lot No. Street POBLACION Subdivision/Village Barangay LEYTE LEYTE City/Municipality Province
10. GSIS ID NO.	200-415-9246	ZIP CODE	6533
11. PAG-IBIG ID NO.	1210-729029-75		
12. PHILHEALTH NO.	13-000106275-2	19. TELEPHONE NO.	(053) 839-6967
13. SSS NO.	06-3104248-2	20. MOBILE NO.	0919-092-5637
14. TIN NO.	413-996-670	21. E-MAIL ADDRESS (if any)	<a href="mailto:jerwindelacuesta@yahoo.com.ph">jerwindelacuesta@yahoo.com.ph</a>
15. AGENCY EMPLOYEE NO.			

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	N/A		N/A	N/A
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
25. MOTHER'S MAIDEN NAME	DE LA CUESTA			12/18/1964
SURNAME				
FIRST NAME	EUGENIA			
MIDDLE NAME	TADEA		(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	LEYTE CENTRAL SCHOOL	GRADE 1- 6	06/01/1996	05/30/2002		2002	NONE
SECONDARY	LEYTE AGRO-INDUSTRIAL SCHOOL	HIGH SCHOOL	06/01/2002	05/30/2007		2077	NONE
COLLEGE	BILIRAN PROVINCE STATE UNIVERSITY	BACHELOR OF SCINCE IN BUSINESS ADMINISTRATION - Major in FINANCE	06/05/2007	05/30/2011		2011	DEAN'S LIST
GRADUATE STUDIES	ST. PETER'S COLLEGE OF ORMOC	TEACHER'S CERTIFICATE PROGRAM	09/01/2020	02/29/2021		2021	NONE
GRADUATE STUDIES	BILIRAN PROVINCE STATE UNIVERSITY VISAYAS STATE UNIVERSITY	MASTERS IN PUBLIC MANAGEMENT MASTERS IN BUSINESS MANAGEMENT	02/01/2012 09/12/2022	07/30/2012 On-Going	9 UNITS On-Going		NONE On-Going

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	08/27/2022
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<b>IV. CIVIL SERVICE ELIGIBILITY</b>						
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
	DRIVER'S LICENSE		RESTRICTION NO. 1	NAVAL, BILIRAN	H07-19-001253	10/15/2024

*(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.*

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
From	To						
07/11/2021	08/04/2022	INSTRUCTOR	ACLC COLLEGE OF ORMOC	18500.00		CONTRACTUAL	N
03/11/2019	Present	ANTI-FRAUD ANALYST	INSTAForex TRADING CO.			SIDELINE	N
03/14/2017	02/29/2019	FINANCIAL ANALYST	ASIAN MARINE TRANSPORT CORPORATION	21000.00		REGULAR	N
09/15/2014	02/29/2017	ACCOUNT ASSISTANT	PHILIPPINE DEPOSIT INSURANCE CORPORATION	15000.00		CONTRACTUAL	Y
08/11/2011	08/30/2012	BOOKKEEPER	LOCAL GOVERNMENT UNIT - LEYTE, LEYTE	14000.00		APPOINTMENT	Y

*(Continue on separate sheet if necessary)*

<b>SIGNATURE</b>		<b>DATE</b>	08/27/2022
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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		
	OUTREACH PROGRAM - TYPHOON ODETTE VOLUNTEER	12/26/2021	12/26/2021	8 HRS	RELIEF OPERATION

*(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			
	LEYTE BUSINESS CONFERENCE  (Restoring Consumer & Business Confidence in this Pandemic)	11/09/2021	11/09/2021	8 HRS	MANAGERIAL	PCCI - TACLOBAN

*(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)
	FOREX TRADING				TAU GAMMA PHI - SCHOOL BASED
	DANCING				
	READING				

*(Continue on separate sheet if necessary)*

<b>SIGNATURE</b>		<b>DATE</b>	08/27/2022
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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?  YES  NO

b. within the fourth degree (for Local Government Unit - Career Employees)?  YES  NO

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

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35. a. Have you ever been found guilty of any administrative offense?  YES  NO

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

b. Have you been criminally charged before any court?  YES  NO

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

Date Filed: \_\_\_\_\_

Status of Case/s: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  YES  NO

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

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: \_\_\_\_\_

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39. Have you acquired the status of an immigrant or permanent resident of another country?  YES  NO

If YES, give details (country): \_\_\_\_\_

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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?  YES  NO

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

b. Are you a person with disability?  YES  NO

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

c. Are you a solo parent?  YES  NO

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

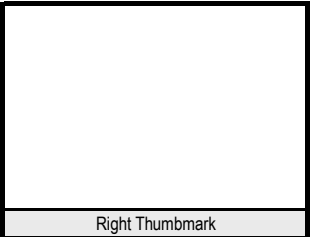
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
CARY P. JAUCIAN, MBA	ACLC COLLEGE OF ORMOC	(053) 560-8000
RICARDO O. CORPUZ, CPA	AMTC - BGC, TAGUIG CITY	(02) 501-8916
FORTUNATO A. NICOLAS	PDIC- MAKATI CITY	(02) 841-4765

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.



PHOTO



Right Thumbmark

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **Driver's License**

ID/License/Passport No.: **H07-19-0001253**

Date/Place of Issuance: **Nacal, Biliran**

Signature (Sign inside the box)

08/27/2022

Date Accomplished

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

Person Administering Oath