

## 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	JABUEN	NAME EXTENSION (JR, SR)	N/A
FIRST NAME	JUNAS		
MIDDLE NAME	ESPEJON		
3. DATE OF BIRTH (mm/dd/yyyy)	10 / 12 / 1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	KAWAYAN, BILIRAN	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input checked="" type="checkbox"/> Male <input 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	House/Block/Lot No. Street Subdivision/Village KAWAYAN BILIRAN City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	6562
8. WEIGHT (kg)	70		
9. BLOOD TYPE	AB	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village KAWAYAN BILIRAN City/Municipality Province
10. GSIS ID NO.	NONE	ZIP CODE	6562
11. PAG-IBIG ID NO.	121232739103		
12. PHILHEALTH NO.	130255124197		
13. SSS NO.	06-4170944-3	19. TELEPHONE NO.	NONE
14. TIN NO.	359-970-492-0000	20. MOBILE NO.	09954511932
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	jejabuen@up.edu.ph

## II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR, SR)		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME				NONE	
MIDDLE NAME					
OCCUPATION					
EMPLOYER/BUSINESS NAME					
BUSINESS ADDRESS					
TELEPHONE NO.					
24. FATHER'S SURNAME	JABUEN	NAME EXTENSION (JR, SR)			
FIRST NAME	RAUL	N/A			
MIDDLE NAME	MONFIEL				
25. MOTHER'S MAIDEN NAME	LIGAYA ASOSOLA ESPEJON				
SURNAME	JABUEN				
FIRST NAME	LIGAYA				
MIDDLE NAME	ESPEJON				

(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	EAST REMBO ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2009	GRADUATED	2009	NONE
SECONDARY	BENIGNO "NINYO" AQUINO HIGH SCHOOL TUGDAO NATIONAL HIGH SCHOOL	HIGH SCHOOL HIGH SCHOOL	2009 2010	2010 2013	1ST YEAR HS GRADUATED	N/A 2013	NONE Salutatorian
VOCATIONAL / TRADE COURSE	NONE						
COLLEGE	UNIVERSITY OF THE PHILIPPINES VISAYAS - TACLOBAN COLLEGE	BACHELOR OF SCIENCE IN MANAGEMENT	2013	2018	GRADUATED	2018	NONE
GRADUATE STUDIES	NONE						

(Continue on separate sheet if necessary)


SIGNATURE		DATE	AUGUST 28, 2020
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[illegible]

## V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	
		AUGUST 28, 2020	

[illegible]

(Continue on separate sheet if necessary)

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


[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	NONE	UP YOUTH FOR CHRIST
SKETCHING		

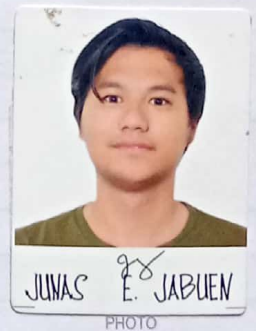
(Continue on separate sheet if necessary)

(Signature on separate sheet if necessary)			
SIGNATURE		DATE	AUGUST 28, 2020



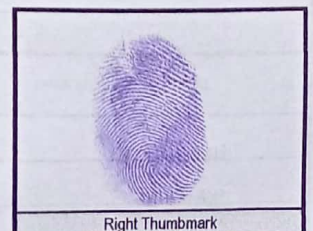
34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (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 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)		
NAME	ADDRESS	TEL. NO.
HELEN C. YU	TURDAO, KAWAYAN, BILIRAN	09176769195
RACHELLE DADO	NAVAL, BILIRAN	09661654869
MARIEL OBREGON	TACLOBAN CITY	09171459603
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: PHIL HEALTH
ID/License/Passport No.: 13-025512419-7
Date/Place of Issuance: January 13, 2020

Signature (Sign inside the box)
August 28, 2020
Date Accomplished



SUBSCRIBED AND SWORN to before me this August 30, 2020, affiant exhibiting his/her validly issued government ID as indicated above.

Hon. Regie E. Delante
Barangay Captain
Person Administering Oath