

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	MORON			
	FIRST NAME	JAMES	NAME EXTENSION (JR., SR)	
	MIDDLE NAME	BOHOLST		
3. DATE OF BIRTH (mm/dd/yyyy)	12/14/1999	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	SAN JOSE, BATANGAS CITY			
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	17. RESIDENTIAL ADDRESS ZIP CODE	SITIO STO. NINO 1	
	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated		House/Block/Lot No. Street	
	<input type="checkbox"/> Other/s:		MACABUG	
	Subdivision/Village Barangay			
	ORMOC CITY LEYTE			
	City/Municipality Province			
7. HEIGHT (m)	1.57 m		6541	
8. WEIGHT (kg)	56			
9. BLOOD TYPE	B	18. PERMANENT ADDRESS ZIP CODE	SITIO STO. NINO 1	
10. GSIS ID NO.	N/A		House/Block/Lot No. Street	
11. PAG-IBIG ID NO.	121330876532		MACABUG	
12. PHILHEALTH NO.	13-025632823-3		Subdivision/Village Barangay	
			ORMOC CITY LEYTE	
		City/Municipality Province		
13. SSS NO.	06-4664658-5		6541	
14. TIN NO.	633-655-033-00000	19. TELEPHONE NO.		
15. AGENCY EMPLOYEE NO.		20. MOBILE NO.	09276404940	
		21. E-MAIL ADDRESS (if any)	jamesmoron2@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	N/A			NAME EXTENSION (JR., SR)	N/A
	MIDDLE NAME	N/A				
OCCUPATION	N/A					
EMPLOYER/BUSINESS NAME	N/A					
BUSINESS ADDRESS	N/A					
TELEPHONE NO.	N/A					
24. FATHER'S SURNAME	MORON					
	FIRST NAME	JULITO			NAME EXTENSION (JR., SR)	
	MIDDLE NAME	ARELLANO				
25. MOTHER'S MAIDEN NAME	BOHOLST					
	SURNAME	MORON				
	FIRST NAME	ALICIA				
	MIDDLE NAME	BAJE				

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To	UNITS EARNED		
ELEMENTARY	MACABUG ELEMENTARY SCHOOL	PRIMARY	06/05/2007		GRADUATE	2013	GRADUATE WITH HONOR
SECONDARY	SEGUINON NATIONAL HIGH SCHOOL	JUNIOR HIGH SCHOOL	06/04/2013		COMPLETER	2017	GRADUATE
VOCATIONAL / TECHNICAL	ORMOC CITY SENIOR HIGH SCHOOL	HUMANITIES AND SOCIAL SCIENCES	06/06/2017	07/24/2019	GRADUATE	2019	WITH HONOR
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY - ORMOC CAMPUS	BACHELOR OF PHYSICAL EDUCATION	07/22/2019	07/24/2023	GRADUATE	2023	ACADEMIC ACHIEVER
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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IV. CIVIL SERVICE ELIGIBILITY								
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	
LICENSURE EXAMINATION FOR TEACHERS				03/17/2024	TACLOBAN CITY			
(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
	From	To						
	10/23/2023	05/25/2025	INFORMATION STAFF	GATCHALIAN MEDICAL CENTER	13110.00			
(Continue on separate sheet if necessary)								
SIGNATURE					DATE			

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		
SOCIETY OF PHYSICAL EDUCATION MAJORS	07/22/2021	07/17/2022		SECRETARY
SUPREME STUDENT GOVERNMENT EVSU-OC	07/18/2022	06/19/2023		COMMISSIONER ON EDUCATION, SPORTS & CULTURE

(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			
N/A					

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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<div>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed,</div> <div>a. within the third degree?</div> <div>b. within the fourth degree (for Local Government Unit - Career Employees)?</div>		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div></div>	
<div>35. a. Have you ever been found guilty of any administrative offense?</div> <div>b. Have you been criminally charged before any court?</div>		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div></div>	
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div>Date Filed: </div> <div>Status of Case/s: </div>	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div></div>	
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div></div>	
<div>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</div> <div>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?</div>		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div></div>	
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div></div>	
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country):</div> <div></div>	
<div>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</div> <div>a. Are you a member of any indigenous group?</div> <div>b. Are you a person with disability?</div> <div>c. Are you a solo parent?</div>		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify:</div> <div></div>	
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No:</div> <div></div>	
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No:</div> <div></div>	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)			
NAME		ADDRESS	TEL. NO.
CONSTANTINO CAÑEDO, JR		ORMOC CITY	0927-771-3816
FRANZ MARTIN CALLANO		ORMOC CITY	0961-750-1658
EARL ANDREW AMPARO		ORMOC CITY	0930-424-8457
<div>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.</div> <div>I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</div>			
<div>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</div> <div>PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PHILHEALTH ID</div> <div>ID/License/Passport No.: 13-025632823-3</div> <div>Date/Place of Issuance: ORMOC CITY</div>		<div></div> <div>Signature (Sign inside the box)</div> <div></div> <div>Date Accomplished</div>	
		<div></div> <div>Right Thumbmark</div>	
<div>SUBSCRIBED AND SWORN to before me this , affiant exhibiting his/her validly issued government ID as indicated above.</div> <div></div> <div>Person Administering Oath</div>			