

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	JOSON		
FIRST NAME	JUDE	NAME EXTENSION (JR., SR) None	
MIDDLE NAME	DALINAS		
3. DATE OF BIRTH (mm/dd/yyyy)	11/8/1976	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	Brgy. Sta Cruz Mahaplag, 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"/> Widowed <input type="checkbox"/> Other/s: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated	17. RESIDENTIAL ADDRESS	none none House/Block/Lot No. Street none Sta Cruz Subdivision/Village Barangay Mahaplag Leyte City/Municipality Province
7. HEIGHT (m)	5'2	ZIP CODE	6512
8. WEIGHT (kg)	70		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	none none House/Block/Lot No. Street none Sta Cruz Subdivision/Village Barangay Mahaplag Leyte City/Municipality Province
10. GSIS ID NO.	None	ZIP CODE	6512
11. PAG-IBIG ID NO.	1212-68910576		
12. PHILHEALTH NO.	025-050480962-0		
13. SSS NO.	3392518540	19. TELEPHONE NO.	none
14. TIN NO.	294-147-164-000	20. MOBILE NO.	09169130480
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND

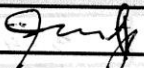
22. SPOUSE'S SURNAME	RAEL		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOVELYN	NAME EXTENSION (JR., SR)	GAVRIEL R. JOSON	4/1/2016
MIDDLE NAME	OMAYON			
OCCUPATION	Housekeeper			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	JOSON			
FIRST NAME	EUSEBIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TURCINO			
SAMANTE				
SURNAME	JOSON			
FIRST NAME	VIRGINIA			
MIDDLE NAME	SALINAS			

(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	Mahaplag Central school		1985	1990		1990	Deserving
SECONDARY	Mahaplag National High school (San Isidro)		1991	1995		1995	None
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	Visayas State University (Visca) Baybay, City		1999	2003		2003	None
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	3-4-2022
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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)		POSITION / NATURE OF WORK
		From	To	
	N/A	N/A	N/A	N/A

(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			
	In-Service Enhancement Training Course and Re-Training Course	3/12/2019	12/12/2019	80 Hrs		JVO Dynamic Security Training Academy
	Seminar on Enhanced Comprehensive Local Integration Program (E-CLIP)	03/13/2019		8 Hrs		Provincial Social Welfare and Development Office
	Local Shelter Plan Formulation Workshop Training	8/10/2018	12/10/2018	40 Hrs		Housing and Urban Development Coordinating Council
	Orientation on the Enhanced Comprehensive Local Integration Program (E-CLIP)	1/10/2018	2/10/2018	16 Hrs		Provincial Social Welfare and Development Office
	Attend 2nd Batch Consultation Dialogue	09/27/2018	09/28/2018	16 hrs		Department of social Welfare and Development (Fo8)
	Community Driven Development Training for Area and Municipal Coordinating Teams	08/22/2017	08/24/2017	20 Hrs		Department of social Welfare and Development (Fo8)
	Training of the Standard Community Empowerment Activity Cycle stage 2	04/25/2016	04/29/2016	40 Hrs		Department of social Welfare and Development (Fo8)
	Community Procurement and Community Financial Management Training	04/22/2015	04/25/2015	64 Hrs		Department of social Welfare and Development (Fo8)KALAH-I CIDS National Community Driven Development Program
	Training on Stage 3 and 4 Accelerated Community Empowerment Activity Cycle	2/2/2015	11/2/2015	48 Hrs		Department of Social Welfare and Development(Fo8) KALAH-I CIDSS-National Community Driven Development Program
	(KALAH-I CIDSS)Kapit Bisig Laban Sa Kahirapan Comprehensive Integrated Delivery of Social Services training for Area Coordinating Teams					
		09/28/2014	6/10/2014	48 Hrs		Department of social Welfare and Development (Fo8)KALAH-I CIDS National Community Driven Development Program
	Training on Peer Counseling Services	4/11/2013	6/11/2013	24 Hrs		Department of social Welfare and Development (Fo8)
	Attend Training on Psycho-social Support in Emergency Setting for LGU Implementers of Disaster Prone Areas	12/12/2012	12/13/2012	16 Hrs		Department of social Welfare and Development (Fo8)
	Capability Building on Psychosocial Support	03/13/2012	03/16/2012	32 Hrs		Department of social Welfare and Development (Fo8)
	Roll-Out Training on the Use of the Enhanced Family Development Session (FDS)Manual Set 4 Areas	02/13/2012	02/17/2012	40 Hrs		Department of social Welfare and Development (Fo8)Pantawid Pamilyang Pilipino Program
	Out of School Youth Seminar	1/12/2011	2/12/2011	16 Hrs		Department of Education
	Participation in the Conduct of Training to the small Scale Farmers	12/7/2011	12/8/2011	240 Hrs		Local Government Unit of Mahaplag/Municipal Social Welfare and Development/Municipal Agriculture
	Re-Training Course (RTC)	09/22/2006	2/10/2006	96 Hrs		Elite Security Career Development Center Inc.

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION		
31.	32.	33.
SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Typing	Certificate of Recognition on Enhanced Comprehensive Local Integration Program (E-CLIP)	KABALIKAT CIVICOM BAYBAY CHAPTER
Carpentry	Service Award of Kalahi-CIDSS program-Kapit Bisig Laban sa Kahirapan Comprehensive Integrated Delivery of Social Services	KARANCHO (Kababayan Riders Association of New Cultural Harmony and Order) LEYTE CHAPTER

(Continue on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	<i>11/1/20</i>
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DARIO P. LINA</td> <td>VSU, APT. 16 BAYBAY CITY, LEYTE</td> <td>9566807275</td> </tr> <tr> <td>MARK ALONZO</td> <td>LGU, MAHAPLAG</td> <td>9265213177</td> </tr> <tr> <td>OSCAR REALES</td> <td>LGU, MAHAPLAG</td> <td>9169451266</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DARIO P. LINA	VSU, APT. 16 BAYBAY CITY, LEYTE	9566807275	MARK ALONZO	LGU, MAHAPLAG	9265213177	OSCAR REALES	LGU, MAHAPLAG	9169451266
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>Drivers License</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>H12-13-001558</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>LTO-Baybay</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	Drivers License	ID/License/Passport No.:	H12-13-001558	Date/Place of Issuance:	LTO-Baybay	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) 3/4/2022 Date Accomplished </td> <td style="width: 150px; height: 100px; vertical-align: bottom; text-align: center;"> Right Thumbmark </td> </tr> </table>	 Signature (Sign inside the box) 3/4/2022 Date Accomplished	Right Thumbmark
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Date/Place of Issuance:	LTO-Baybay												
 Signature (Sign inside the box) 3/4/2022 Date Accomplished	Right Thumbmark												
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 60px; margin: 10px auto; text-align: center;"> <p>Person Administering Oath</p> </div>													



JUDE D. JOSEN

PHOTO