CS Form No. 212 Revised 2017	PEI	RSO	NAL DA	ΓΔ S	HFI	ET	M. Mad Control		
WARNING: Any misrepress									
	entation made in the Personal Data Si						ve/criminal case/	s against the	person
first legibly. Tick appropriate i	oxes and use separate sheet if nece	ssary, Indica	te N/A if not applicable. DO	MPLISHING NOT ABBRE	THE PDS FO VIATE.	DRM. 1 CS ID	No.	(Do not fil	up. For CSC us
PERSONAL INFORMA								- 15	
2. SURNAME	JOSON								
FIRST NAME	JUDE						NAME EXTENSION	(JR., SR) No	ne
DATE OF BIRTH	DALINAS								
(mm/dd/yyyy)	11/8/1976		16. CITIZENSHIP			Filipino	Dual Citizensi	nip	
PLACE OF BIRTH	Brgy.Sta Cruz Mahaplag,L	.evte	If holder of dual citi	zenshin	ty birth			by naturalization	
. SEX		emale	please indicate the		Pls. indicate country:				
6 CIVIL STATUS		1arried	17. RESIDENTIAL ADDRESS					-	
SIVE SIMILOS	Widowed	Separated	III. NEGOZITINE ADDRESS	0.0000000000000000000000000000000000000	none House/Block/L	ot No.		none Street	
to and the second	Other/s:	1245224	er i kaji margan i tudiki		none Subdivision/V	illage	-	Sta Cruz Barangay	A BATTER
HEIGHT (m)	5"2	ut			Mahapla City/Municip			Leyte Province	
WEIGHT (kg)	70	35 J 96	ZIP CODE			Verify the	6512	, .ovinos	34 mil (1)
BLOOD TYPE	A	Vernous 9	18. PERMANENT ADDRESS		none House/Block/Li	ot No		none	and s
GSIS ID NO.	None		186% 		none		return control of the	Street Sta. Cruz	Courses
PAG-IBIG ID NO.	1212-68910576				Subdivision/Vi Mahap	olag		Barangay Leyte	
PHILHEALTH NO.	025-050490962-0		ZIP CODE		City/Municipe	ality		Province	
SSS NO.	3392518540		19. TELEPHONE NO.			65			
TIN NO.	294-147-164-000						none		
1	294-147-104-000		20 MOBILE NO.				09169130480		
IGENCY EMPLOYEE NO.	unia		21 E-MAIL ADDRESS (if any)						
FAMILY BACKGROUN SPOUSE'S SURNAME	RAEL	-							
FIRST NAME	JOVELYN	- I	NAME EXTENSION (JR., SR)	23. NAME of	A SECTION OF THE SECT	rite full name ar	CHARLES AND A CAME BOOK AND ADDRESS.	DATE OF B	IRTH (mm/dd/y
MIDDLE NAME	OMAYON				GAVI	IEL R. JOS	ON	4	/1/2016
OCCUPATION	Housekeeper							1	
MPLOYER/BUSINESS NAME		N/A							
USINESS ADDRESS		N/A							
ELEPHONE NO.	W	N/A							
FATHER'S SURNAME	JOSON								
RST NAME	EUSEBIO	N	AME EXTENSION (JR., SR)				***************************************	-	
IDDLE NAME	TURCINO							-	
Si	AMANTE								
JRNAME	JOSON								
RST NAME	VIRGINIA								
IDDLE NAME	SALINAS				(Continue on se	parate sheet if nece	ssary)	
DUCATIONAL BACK	GROUND								
LEVEL	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHII ACADEMIC HONORS RECEIVED
EMENTARY	Mahaplag Central school				1985	1990		1990	Deserving
CONDARY	Mahapalag National High school (San Isidro)				1991	1995		1990	None
CATIONAL / ADE COURSE	N/A		N/A		N/A	N/A		N/A	N/A
DLLEGE	Visayas State University (Visca) Baybay	City			1999	2003		2003	None
RADUATE STUDIES	N/A		N/A		N/A	N/A		N/A	N/A
001/2-12	A CONTRACTOR OF THE PROPERTY O	(Cont	inue on separate sheet if neces	sary)				Construence of the second	n objektivityte (Ex
SIGNATURE	1 - 4					NTE .	3-4		

		RATING (If Applicable)	EXAMINATION / CONFERMENT	ATION / CONFE	ERMENT	NUMBER	Date of Validity		
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	EXPERIENCE vate employment	Start from your rece	ent work) Descripti	on of duties should be	indicated in the attac	hed Work E	xperience she	af	
3. INCLUSIVE DATES (mm/dd/yyyy) POSITION TITL		TITLE		Y/OFFICE/COMPANY	MONTHLY	SALARY/JOB/PAY GRADE (if	STATUS OF	GOVT	
From	To West	(Write in full/Do no	t abbreviate)		not abbreviate)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)
04/16/2019	Present	Security 0	Buard	Visayas State University Baybay, City		12,174.80		Job Order	Yes
09/14/2014	12/31/2017	/31/2017 Community Organizer		Department of Social W	21,436		MOA	Yes	
7/2010	09/15/2014	Messanger/E	Encoder	Municipal Social Welf	are and Development	.5,600	acasabas, ca	Job Order	Yes
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		101	AM AM	YOU					2000 TV 30
Lance			(Conti	nue on separate sheet if nec	essary)	1			

29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
(verne in rus)			To			FOSITION NATURE OF HOLK	
N/A			N/A	N/A	InD ne	emeireD book of NA in Maid and Add if	
	# YES, gale cassas.						
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	- 8						
	If VES, pive details.				Constanting		
	Della Filled						
I. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS TO VINING S		rate sheet if neces	ssary)			
, LEARNING AND DEVELOPMENT (ESD)	THE ERVENHOUS TRAINING P		E DATES OF		Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			NDANCE dd/yyyy) To	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
In-Service Enhancement Training Course and Re-Training Course			12/12/2019	80 Hrs	italia bas	JVO Dynamic Security Training Academy	
Seminar on Enhanced Comprehensive Local Integration Program (E-CLIP)				8 Hrs	lendar la	Provincial Social Welfare and Development Office	
Local Shelter Plan Formulation Workshop Training			12/10/2018	40 Hrs		Housing and Urban Development Coordinating Council	
ientation on the Enhanced Comprehensive Loca	I Integration Program (E-CLIP)	1/10/2018	2/10/2018	16 Hrs	miss capp	Provincial Social Welfare and Development Office	
tend 2nd Batch Consultation Dialogue	dates selo 39/1	09/27/2018	09/28/2018	16 hrs	OL 10 ISTOR	Department of social Welfare and Development (Fo8)	
mmunity Driven Development Training for Area	and Municipal Coordinating Teams	08/22/2017	08/24/2017	20 Hrs	CONSTRUCTION OF	Department of social Welfare and Development (Fo8)	
aining of the Standard Community Empowermen	t Activity Cycle stage 2	04/25/2016	04/29/2016	40 Hrs		Department of social Welfare and Development (Fo8)	
mmunity Procurement and Community Financia	Management Training	04/22/2015	04/25/2015	64 Hrs	Fig IT TO	Department of social Welfare and Development (Fo8)KALAHI National Community Driven Development Program	
raining 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) KALAHI CIDSS-National Community Driven Development Program	
(ALAHI CIDSS)Kapit Bisig Laban Sa Kahirapan							
of Social Servises training for Area	Coordinating Teams	09/28/2014	6/10/2014	48 Hrs		Department of social Welfare and Development (Fo8)KALAHI National Community Driven Development Program	
Training on Peer Counsel		4/11/2013	6/11/2013	24 Hrs		Department of social Welfare and Development (Fo8)	
Attendd Training on Psychoaocial Support in Implementers of Disaster F		12/122012	12/13/2012	16 Hrs		Department of social Welfare and Development (Fo8)	
Capability Building on Psycho		03/13/2012	03/16/2012	32 Hrs	Care of Section	Department of social Welfare and Development (Fo8)	
Roll-Out Training on the Use of the Enhanced (FDS)Manual Set 4		02/13/2012	02/17/2012	40 Hrs		Department of social Welfare and Development (Fo8)Panta Pamilyang Pilipino Program	
Out of School Youth	Seminar	1/12/2011	2/12/2011	16 Hrs	_	Department of Education	
articipation 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 Welfar Development/Municipal Agriculture	
e-Training Course (RTC)		09/22/2006	2/10/2006	96 Hrs		Elite Security Career Development Center Inc.	
						The second of the second secon	
Tary 1				The Park		The Till and an area and principles I attractive I	
(Ass)		Continue on sepa	rate sheet if neces	san/)		their all business we let were	
III. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-A	ACADEMIC DISTIN	CTIONS / RECOGN in full)	IITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Typing	Cetificate of Recognition on Enhance					KABALIKAT CIVICOM BAYBAY CHAPTER	
Carpentry	Service Award of Kalahi-CIDSS Integr		Bisig Laban sa I f Social Services		prehensive	KARANCHO (Kababayan Riders Association of New Cultu Harmony and Order) LEYTE CHAPTER	
	on house state with article	he suits	-		nie	SUBSCREED AND SWOPN to best a se	
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	1 1						

	pureau or office or to the person who has imm	pointing or recommending authority, or to the				
Bureau c	or Department where you will be apppointed,	reduce supervision over you in the Office,				
	the third degree?		☐ YES	☑NO		
b. within	the fourth degree (for Local Government Unit	TYES	100 100			
			If YES, give detail			
				•.		
35. a . Have y	ou ever been found guilty of any administrative	ve offense?	TYES	☑ NO		
			If YES, give detail:			
			, , Lo, givo dottain	o.		
b. Have v	ou been criminally charged before any court?					
	ona god solore any county		YES Ping details	✓ NO		
			If YES, give details Date Filed:	S.		
			Status of Case/s:			
6. Have you	ever been convicted of any crime or violation	of any law, decree, ordinance or regulation by				
any court	or tribunal?					
			If YES, give details	NOT INCUMENTAL OWN SERVICE TO SUR		
7. Have you	ever been separated from the service in any	of the following modes: resignation, retirement				
aropped it	offi the rolls, dismissal, termination, end of ter	m, finished contract or phased out (abolition)	YES If YES, give details	☑ NO		
in die publ	ic of private sector?		ii i Eo, give details			
a. Have yo	ou ever been a candidate in a national or local	election held within the last year (except	YES	Film		
Barangay	election)?	PACE PASSENGE BRELLING	If YES, give detail	s:		
b. Have yo	ou resigned from the government service during	ng the three (3)-month period before the least	YES	control con a propositional benefiting an		
election to	promote/actively campaign for a national or lo	ocal candidate?	☐ YES			
Have you a	acquired the status of an immigrant or perman	nent resident of another country?				
	ng repulsed this redently in the School Wood.	and I transition (makes)	YES			
			If YES, give details	If YES, give details (country):		
Pursuant to	c: (a) Indigenous People's Act (RA 8371): (b) I	Magna Carta for Disabled Persons (RA 7277);	grant in			
and (c) Sole	o Parents Welfare Act of 2000 (RA 8972), ple	ase answer the following items:				
Are you a n	nember of any indigenous group?	1 2000 1 200000 1 200000	Water State	mention (secured decrees a resident		
			If YES, please specify:	∠ NO		
Are you a p	erson with disability?		YES	√ NO		
Are you a s	olo parant?		If YES, please specify I	D No:		
nio you a s	olo parenti		YES	✓ NO		
			If YES, please specify I	D No:		
KEFERENCES	6 (Person not related by consanguinity or affinity to appl	icant /appointee)				
	NAME	ADDRESS	TEL. NO.			
	DARIO P. LINA	VSU, APT. 16 BAYBAY CITY, LEYTE	9566807275			
	MARK ALONZO					
	MARK ALONZO	LGU, MAHAPLAG	9265213177			
	OSCAR REALES	LGU, MAHAPLAG	9169451266			
I declare un	nder oath that I have personally accomplish	ned this Personal Data Sheet which is a tru				
-Jointo Ul		- I I I I I I I I I I I I I I I I I I I	c, correct and	11-2- 6-34		
complete st	atement pursuant to the provisions of per	inent laws rules and regulations of the D	epublic of the	The second secon		
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