

## PERSONAL DATA SHEET

## For Job Order Workers



Print legibly. Mark appropriate boxes ☐ with " ☒ " and use separate sheet if necessary.

1. SURNAME		M   A   N   A   G   B   A   N   A   G																																																					
FIRST NAME		M   A   R   K     J   O   H   N																																																					
MIDDLE NAME		M   A   R   A   N   G   U     T												2. NAME EXTENSION (e.g. Jr., Sr.)																																									
3. DATE OF BIRTH		(mm/dd/yyyy)		11/07/1997				11. PRESENT ADDRESS																																															
4. PLACE OF BIRTH		BAYBAY CITY, LEYTE										PANGASUGAN, BAYBAY CITY, LEYTE																																											
5. SEX		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female																																																					
6. CIVIL STATUS		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____																																																					
												12. ZIP CODE				6521																																							
												13. TEL. NO./CEL. NO.				09979244041																																							
												14. PHILHEALTH NO.				1325-0364-9105																																							
7. CITIZENSHIP		FILIPINO		9. WEIGHT (kg)		74		15. TIN				725-657-737																																											
8. HEIGHT (m)		5'6		10. BLOOD TYPE		O+		16. PAG-IBIG ID NO.				1212-6871-4401																																											
17. SPOUSE'S SURNAME		N/A										18. NAME OF CHILD (Write full name and list all)						DATE OF BIRTH (mm/dd/yyyy)																																					
FIRST NAME		N/A										N/A						N/A																																					
MIDDLE NAME		N/A										N/A						N/A																																					
19. HIGHEST EDUCATIONAL ATTAINMENT		<input type="checkbox"/> Elementary (Grade ____ / Graduated) <input type="checkbox"/> High School (1st, 2nd, 3rd, 4th, Graduated) <input checked="" type="checkbox"/> College (1st, 2nd, 3rd, 4th, <u>Graduated</u> ) Degree: Agribusiness																																																					
(Please check and underline the specific)																																																							
20. CAREER SERVICE ELIGIBILITY		<input type="checkbox"/> Professional <input type="checkbox"/> Sub-Professional <input type="checkbox"/> Others, Specify: _____																																																					
21. WORK EXPERIENCE		<table border="1"> <thead> <tr> <th colspan="2">INCLUSIVE DATES (mm/dd/yyyy)</th> <th>POSITION TITLE (Write in full)</th> <th>DEPARTMENT / AGENCY / OFFICE / COMPANY /PROJECT (Write in full)</th> <th>SALARY (Daily or Monthly)</th> <th>STATUS OF APPOINTMENT (Perm/Temp/ Job Order)</th> <th>GOV'T SERVICE (Yes / No)</th> </tr> </thead> <tbody> <tr> <td>From</td> <td>To</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1/9/2020</td> <td>Present</td> <td>Admin Aide</td> <td>VSUIHS - SHS</td> <td>Monthly</td> <td>JOB ORDER</td> <td>YES</td> </tr> <tr> <td>06/02/2015</td> <td>07/25/2015</td> <td>OVER ALL</td> <td>DEPARTMENT of AGRICULTURE</td> <td>Monthly</td> <td>SUMMER JOB</td> <td>YES</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>																		INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY /PROJECT (Write in full)	SALARY (Daily or Monthly)	STATUS OF APPOINTMENT (Perm/Temp/ Job Order)	GOV'T SERVICE (Yes / No)	From	To						1/9/2020	Present	Admin Aide	VSUIHS - SHS	Monthly	JOB ORDER	YES	06/02/2015	07/25/2015	OVER ALL	DEPARTMENT of AGRICULTURE	Monthly	SUMMER JOB	YES								
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I hereby declare that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.



29. CAREER SERVICE/ RA 1080 (BOARD/ BAR)  
UNDER SPECIAL LAWS/ CES/ CSEE/ TESDA/NCC

29

### RATING

DATE OF  
EXAMINATION /  
CONFERMENT

PLACE OF EXAMINATION / CONFERMENT

LICENSE (if applicable)

NUMBER

DATE OF  
RELEASE

Drivers License

06/20/2018

LTO Baybay City, Leyte

H-12-18-  
002225

6/20/2018

(Continue on separate sheet if necessary)

[illegible]



31. SPECIAL SKILLS  
(i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)

Proficiency

Highly Skilled

Average

Fair

(Continue on separate sheet if necessary)

VII. TRAINING PROGRAMS (Start from the most recent training.)

32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)

INCLUSIVE DATES OF ATTENDANCE  
(mm/dd/yyyy)

NUMBER OF  
HOURS

CONDUCTED/ SPONSORED BY  
(Write in full)

From

To

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(Continue on separate sheet if necessary)

36. Are you related by consanguinity or affinity to any of the following :

a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?

☐ YES

☐ NO

If YES, give details:

\_\_\_\_\_

\_\_\_\_\_



# VII. TRAINING PROGRAMS (Start from the most recent training.)

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	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

24. Are you related by consanguinity or affinity to any of the following :

- a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/ department or person who has immediate supervision over you in the Office,Department/Project where you will be appointed?

☐

YES

☐

NO

If YES, give details:

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

NAME	ADDRESS	TEL. NO.
Dr. Shalom Grace C. Sugano	Visca Baybay City	9122654495
Dr. Nancy D. Abunda	Visca Baybay City	9484143834
Dr. Christy M. Desades	Visca Baybay City	9978407423

26. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.



PHOTO

189 289 57  
COMMUNITY TAX CERTIFICATE NO.

Bo/ta City  
ISSUED AT

January 1 04 2023  
ISSUED ON (mm/dd/yyyy)

SIGNATURE (Sign inside the box)

November 3, 2023  
DATE ACCOMPLISHED



RIGHT THUMBMARK  
(REQUIRED)