

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	CALINGACION		
FIRST NAME	JOJENN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PAGAL		
3. DATE OF BIRTH (mm/dd/yyyy)	10/19/2002	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pis. indicate country:
4. PLACE OF BIRTH	MATALOM, 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N/A STA. FILOMENA House/Block/Lot No. Street N/A CARIDAD SUR Subdivision/Village Barangay MATALOM LEYTE City/Municipality Province
7. HEIGHT (m)	1.58	ZIP CODE	6526
8. WEIGHT (kg)	82		
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	N/A STA. FILOMENA House/Block/Lot No. Street N/A CARIDAD SUR Subdivision/Village Barangay MATALOM LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6526
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09518277722
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	jojenncalingacion1@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	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	CALINGACION			
FIRST NAME	PEDRO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PAGADOR			
25. MOTHER'S MAIDEN NAME				
SURNAME	PAGAL			
FIRST NAME	CECILIA			
MIDDLE NAME	GERMANO			

(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	JANUARIO P. OLO MEMORIAL ELEMENTARY SCHOOL	PRIMARY EDUCATION	1/6/2009	03/24/2015	GRADUATED	2015	4TH HONOR
SECONDARY	MATALOM NATIONAL HIGH SCHOOL	HIGH SCHOOL	2/6/2015	3/4/2021	GRADUATED	2021	SALUTATORIA N
VOCATIONAL/ TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY- MAIN CAMPUS	BACHELOR OF SECONDARY EDUCATION- MAJOR IN SOCIAL STUDIES	08/16/2021	07/24/2025	GRADUATED	2025	PRESIDENT'S HONOR
GRADUATE STUDIES	N/A	N/A	N/A		N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

07/16/2025

[illegible]

V. WORK EXPERIENCE

[illegible]

07 / 16 / 2025

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		
	PARISH PASTORAL COUNCIL FOR RESPONSIBLE VOTING	9/5/2018	12/5/2025	80 HOURS	PARISH YOUTH LEADER
	MATALOM COMMISSION ON YOUTH	12/16/2018	06/16/2025	800 HOURS	PARISH YOUTH LEADER

(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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07 / 16 / 2025
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CS FORM 212 (Revised 2017), Page 3 of 4

<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>EUNICE B. GARCIA</td> <td>BAYBAY CITY, LEYTE</td> <td>09606768054</td> </tr> <tr> <td>JAY C. BANSALE</td> <td>BAYBAY CITY, LEYTE</td> <td>09489762630</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	EUNICE B. GARCIA	BAYBAY CITY, LEYTE	09606768054	JAY C. BANSALE	BAYBAY CITY, LEYTE	09489762630			
NAME	ADDRESS	TEL. NO.											
EUNICE B. GARCIA	BAYBAY CITY, LEYTE	09606768054											
JAY C. BANSALE	BAYBAY CITY, LEYTE	09489762630											
<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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: NATIONAL ID</p> <p>ID/License/Passport No.: 2017-6945-3146-3712</p> <p>Date/Place of Issuance: 02/14/2022</p>	<p style="text-align: center;">  Signature (Sign inside the box) 06 JUL 2025 Date Accomplished </p>												
<p style="text-align: center;">  Right Thumbmark </p>													
<p>SUBSCRIBED AND SWORN to before me this 16 JUL 2025, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p>Doc. No.: 399</p> <p>Page No.: 81</p> <p>Book No.: N</p> <p>Series of: 7075</p> </div> <div style="width: 40%; text-align: center;">  <p>ATTY. ANA MARIA G. GONO NOTARY PUBLIC NC No. 274-2024-09 until December 31, 2025 Roll of Attorneys No. 66749 PTR No. PL 9782387, 03 January 2025 IBR OR No. 483104, 29 December 2024 Person Administering Oath</p> </div> </div>													