

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	OCAÑA			
FIRST NAME	JANSSEN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	OLAVIDES			
3. DATE OF BIRTH (mm/dd/yyyy)	04/21/1998	16. CITIZENSHIP	FILIPINO	
4. PLACE OF BIRTH	TAGBILARAN CITY, BOHOL	If holder of dual citizenship, please indicate the details.	Pls. indicate country:	
5. SEX	M			
6 CIVIL STATUS	S			
7. HEIGHT (m)	1.57	17. RESIDENTIAL ADDRESS	1570-D	
8. WEIGHT (kg)	53		House/Block/Lot No.	Street
9. BLOOD TYPE	B		ST. MARY'S VILLE	SAN ISIDRO
10. GSIS ID NO.	02005723510		Subdivision/Village	Barangay
11. PAG-IBIG ID NO.	121264276820		TAGBILARAN CITY	BOHOL
12. PHILHEALTH NO.	120001226105	ZIP CODE	City/Municipality	Province
13. SSS NO.	06-4201853-1	18. PERMANENT ADDRESS	1570-D	
14. TIN NO.	759 848 405 000	19. TELEPHONE NO.	House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.	JOO 190925		ST. MARY'S VILLE	SAN ISIDRO
			Subdivision/Village	Barangay
			TAGBILARAN CITY	BOHOL
			ZIP CODE	City/Municipality
		20. MOBILE NO.	6300	
		21. E-MAIL ADDRESS (if any)	N/A	
			0951 132 5519	
			ocanajanssenwbc@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		NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	OCAÑA			
FIRST NAME	BIENVINIDO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	LAMANILAO			
25. MOTHER'S MAIDEN NAME				
SURNAME	OLAVIDES			
FIRST NAME	ANTONIETA			
MIDDLE NAME	OLANDRIA		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	(Write in full)	ATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	HOLY SPIRIT SCHOOL	PRIMARY	06/15/2004	03/15/2010	GRADUATED	2010	N/A
SECONDARY	IMMACULATE HEART OF MARY SEMINARY	SECONDARY	06/15/2010	03/25/2014	GRADUATED	2014	N/A
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	HOLY NAME UNIVERSITY	BACHELOR OF ARTS MAJOR IN POLITICAL SCIENCE	06/15/2014	03/25/2018	GRADUATED	2018	CUM LAUDE
COLLEGE	BOHOL ISLAND STATE UNIVERSITY	UNITS EARNED TOWARDS PROFESSIONAL EDUCATION (BRIDGING COURSE)	6/9/2018	3/24/2019	GRADUATED	2019	N/A
GRADUATE STUDIES	HOLY NAME UNIVERSITY	JURIS DOCTOR	06/15/2019	5/23/2023	GRADUATED	2023	N/A

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	July 6, 2024

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S					
29. NAME & ADDRESS OF ORGANIZATION <small>(Write in full)</small>	(mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
	From	To			
N/A					
(Continue on separate sheet if necessary)					
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
<small>(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)</small>					
30. NAME OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS <small>(Write in full)</small>	INCLUSIVE DATES OF <small>(mm/dd/yyyy)</small>		NUMBER OF HOURS	Type of LD <small>(Managerial/ Supervisory/ Technical/etc)</small>	DUCTED/ SPONSORED BY <small>(Write in full)</small>
	From	To			
Training on Execution and Enforcement of Labor Standard Cases	10/23/2023	10/24/2023	12.0	Technical	DOLE Central Office
Capacity Building on the Conduct of Conference	12/16/2021	12/17/2021	12.0	Technical	DOLE National Conciliation and Mediation Board and DOLE Bureau of Workers with Special Concerns
Effective Risk-based Root Cause Analysis and Corrective Action in ISO 9001:2015 QMS	7/16/2021	7/19/2021	16.0	Technical	ISO
ISO 9001:2015 QMS Risk Identification , Evaluation and Control	7/14/2021	7/15/2021	16.0	Technical	ISO
Understanding ISO 9001:2015 QMS Principles, Requirements and Application	7/13/2021	7/13/2021	8.0	Technical	ISO
Basic Occupational Safety and Health (BOSH) Training for Safety Officer 1 (SO1)	10/21/2021	10/22/2021	10.0	Technical	Department of Labor and Employment-Regional Office No. 7
Online Basic Training for Single-Entry Assistance Desk Officers	4/13/2021	4/19/2021	32.0	Technical	National Conciliation and Mediation Board
24-hour Basic Training Course for Labor Inspectors - Level 1A (Regional Level)	3/3/2020	3/6/2020	16.0	Technical	Department of Labor and Employment-Regional Office No. 7
Two-Day Basic Course for Labor Inspectors Assigned to Inspect Workplaces Employing Foreign Nationals	09/23/2019	09/24/2019	16.0	Technical	Department of Labor and Employment-Regional Office No. 7
Distance Learning Program	1/8/2019		32.0	Technical	Civil Service Commission-Region VII
(Continue on separate sheet if necessary)					
VIII. OTHER INFORMATION					
31. SPECIAL SKILLS and HOBBIES	32. SPECIAL DISTINCTIONS / RECOGNITION <small>(Write in full)</small>		33. INSTITUTION/ORGANIZATION <small>(Write in full)</small>		
PROFESSIONALISM	RISING STAR AWARD-PRAISE AWARD		N/A		
FLEXIBILITY					
DECISION MAKING					
INNOVATION					
RECORDS MANAGEMENT					
CREATIVITY					
COMMITMENT					
(Continue on separate sheet if necessary)					
SIGNATURE				DATE	July 6, 2024

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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	If YES, give details: _____ _____	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	If YES, give details: _____ _____ If YES, give details: _____ Date Filed: _____ Status of Case/s: _____	
36. 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: _____ _____	
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?	If YES, give details: _____ _____ Due to lack of funds	
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?	If YES, give details: _____ If YES, give details: _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	If YES, give details (country): _____ _____	
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: a Are you a member of any indigenous group? b Are you a person with disability? c. Are you a solo parent?	If YES, please specify: _____ If YES, please specify ID No: _____ If YES, please specify ID No: _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME		ADDRESS
HADASAH LIEZEL P. CADUA		DOLE BOHOL FIELD OFFICE
ATTY. REINA RACHEL O. PESTILLOS		DOLE BOHOL FIELD OFFICE
ATTY. JOHN WAYNE B. FUENTES		FUENTES LAW OFFICE, TAGB. CITY
TEL. NO.		09380774428
		09171230443
		09173038425
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete st		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		 PHOTO
Government Issued ID: PHILIPPINE POSTAL ID		
ID/License/Passport No.: PRN H19180247909 P		
Date/Place of Issuance: BOHOL-TAGBILARAN		
Signature (Sign inside the box)		 Right Thumbmark
July 6, 2024		
Date Accomplished		
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
Person Administering Oath		