

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	RAMIREZ		
FIRST NAME	JAYGEE YESSAMIN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MOVE		
3. DATE OF BIRTH (mm/dd/yyyy)	28/02/2000	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	POBLACION, INOPACAN, LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		<div>▼</div>
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:		
7. HEIGHT (m)	1.55 METERS		
8. WEIGHT (kg)	65 KILOGRAMS		
9. BLOOD TYPE	B+		
10. GSIS ID NO.	NONE	17. RESIDENTIAL ADDRESS	352 SAN ANTONIO ST.
11. PAG-IBIG ID NO.	NONE	ZIP CODE	House/Block/Lot No. Street
12. PHILHEALTH NO.	13-250528059-1		POBLACION
13. SSS NO.	06-4504329-9		Subdivision/Village Barangay
14. TIN NO.	514-690-861-00000		INOPACAN LEYTE
15. AGENCY EMPLOYEE NO.	NONE		City/Municipality Province
16. CITIZENSHIP		18. PERMANENT ADDRESS	SAN ANTONIO ST.
17. RESIDENTIAL ADDRESS		ZIP CODE	House/Block/Lot No. Street
18. PERMANENT ADDRESS			POBLACION
19. TELEPHONE NO.	053-565-0264		Subdivision/Village Barangay
20. MOBILE NO.	9199315807		INOPACAN LEYTE
21. E-MAIL ADDRESS (if any)	ramirezyessa@gmail.com		City/Municipality Province

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	RAMIREZ			
FIRST NAME	GLENN PRIMO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BUTLAY			
25. MOTHER'S MAIDEN NAME				
SURNAME	MOVE			
FIRST NAME	JASMIN			
MIDDLE NAME	VIRGIL		(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	INOPACAN CENTRAL SCHOOL	ELEMENTARY	06/07/2010	04/11/2012	GRADUATED	2012	CLASS SALUTATORIAN
SECONDARY	VISAYAS STATE UNIVERSITY SENIOR HIGH SCHOOL	SECONDARY	06/16/2012	05/24/2018	GRADUATED	2018	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	09/10/2018	08/25/2022	GRADUATED	2022	NONE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF MANAGEMENT MAJOR IN AGRIBUSINESS MANAGEMENT	08/16/2023	07/24/2025	GRADUATED	2025	NONE

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/22/2025	CS FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	DRIVER'S LICENSURE EXAMINATION	NONE	12/16/2019	BAYBAY CITY, LEYTE	H12-19-003838	02/28/2034
	CIVIL SERVICE COMMISSION - PROFESSIONAL	81.08	03/26/2023	ORMOC CITY, LEYTE		

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	
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DATE

06/22/2025

CS FORM 212 (Revised 2017), Page 2 of 4

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		
	JACK 'N JILL CLUB- SAN ANTONIO ST., INOPACAN, LEYTE	19/05/2011	PRESENT		MEMBER

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(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)

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			
	DEVELOPING MARKETING STRATEGIES FOR GAP VEGETABLE FARMERS	03/14/23	03/14/23	8 HRS.	TECHNICAL	LGU BAYBAY
	POLICY BRIEF TRAINING AND WRITING WORKSHOP	05/16/2023	05/18/2023	16 HRS	TECHNICAL	VISAYAS STATE UNIVERSITY
	QUANTITATIVE ANALYSIS WORKSHOP	05/31/2023	06/02/2023	8 HRS.	TECHNICAL	VISAYAS STATE UNIVERSITY
	SUSTAINING INCLUSIVE PATHWAYS FOR INNOVATION AND GROWTH IN THE VISAYAS	10/10/2023	10/10/2023	8 HRS.	TECHNICAL	VISAYAS STATE UNIVERSITY
	FORUM ON ACCELERATING TRANSITIONS TO A SUSTAINABLE FUTURE	07/27/23	07/27/23	8 HRS.	TECHNICAL	VISAYAS STATE UNIVERSITY
	PESTICIDE HANDLING, STORAGE, AND DISPOSAL WORKSHOP	02/07/2024	02/07/2024	8 HRS.	TECHNICAL	FERTILIZER AND PESTICIDE AUTHORITY
	TRAINING ON PHILIPPINE GOOD AGRICULTURAL PRACTICES	02/07/2024	03/15/24	32 HRS	TECHNICAL	ACIAR- VSU
	ENTREPRENEURIAL MINDSET : THE KEY TO SUCCESS	07/13/24	07/13/24	8 HRS.	SUPERVISORY	ACIAR- VSU



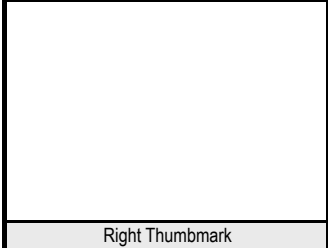
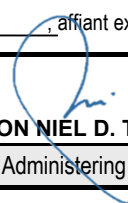
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	SINGING		NONE		NONE
	ACTING				
	COMPUTER LITERATE				
	READING				
	TRANSCRIBING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/22/2025	CS FORM 212 (Revised 2017), Page 3 of 4
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
NILDA AMESTOSO	BAYBAY CITY, LEYTE	
MICHELLE G. DE LOS SANTOS	INOPACAN, LEYTE	
BERT PENALOSA	BAYBAY CITY, LEYTE	
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		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	 Signature (Sign inside the box) 06/22/2025 Date Accomplished	 JAYCEE YESSAMIN M. RAMIREZ 
Government Issued ID: DRIVER'S LICENSE		
ID/License/Passport No.: H12-19-003838		
Date/Place of Issuance: BAYBAY CITY, LEYTE		
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
 GIDEON NIEL D. TAN Person Administering Oath		