

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.

I. PERSONAL INFORMATION

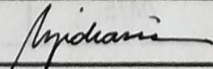
2. SURNAME	DE ASIS		
FIRST NAME	MA. JOLINA		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	SAPA		
3. DATE OF BIRTH (mm/dd/yyyy)	05/21/1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	CATARMAN NORTHERN SAMAR	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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 SURAHAN House/Block/Lot No. Street N/A TUMAGUINGTING Subdivision/Village Barangay LAOANG NORTHERN SAMAR City/Municipality Province
7. HEIGHT (m)	1.68M	ZIP CODE	6411
8. WEIGHT (kg)	55KG		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	N/A SURAHAN House/Block/Lot No. Street N/A TUMAGUINGTING Subdivision/Village Barangay LAOANG NORTHERN SAMAR City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6411
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	19. TELEPHONE NO.	N/A
13. SSS NO.	N/A	20. MOBILE NO.	0995 769 7190 / 0938 023 9929
14. TIN NO.	605-252-142	21. E-MAIL ADDRESS (if any)	jolinadeasis21@gmail.com
15. AGENCY EMPLOYEE NO.	N/A		

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
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DE ASIS			
FIRST NAME	JUANITO	NAME EXTENSION (JR., SR) JR.		
MIDDLE NAME	DINGAL			
25. MOTHER'S MAIDEN NAME				
SURNAME	SAPA			
FIRST NAME	AVELINA			
MIDDLE NAME	LAMBAYAN		(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	LAOANG I CENTRAL ELEMENTARY SCHOOL	ELEMENTARY	2006	2010	GRADUATED	2010	N/A
SECONDARY	COLEGIO DE SANTA TERESITA DE LAOANG INC.	HIGH SCHOOL	2010	2014	GRADUATED	2014	FOURTH ACHIEVER
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF EASTERN PHILIPPINES LAOANG CAMPUS	BACHELOR IN ELEMENTARY EDUCATION	2014	2018	GRADUATED	2018	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A


SIGNATURE		DATE	01/20/2024
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[illegible]

V. WORK EXPERIENCE

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

[illegible]

SIGNATURE		DATE	01/20/2024
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9. 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)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div>												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div>Date Filed:</div> <div>Status of Case/s:</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div>												
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?		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details:</div> <div>RESIGNATION</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country):</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify:</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No:</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No:</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>SR. LOLITA S. BELLO,MSPC</td><td>ST. MICHAEL KINDERGARTEN SCHOOL OF LAOANG, INC</td><td>9755327509</td></tr><tr><td>LIZA D. ESPINA</td><td>TALISAY ELEMENTARY SCHOOL</td><td>9066602501</td></tr><tr><td>MARIE R. YU</td><td>TALISAY ELEMENTARY SCHOOL</td><td>9685497538</td></tr></table>			NAME	ADDRESS	TEL. NO.	SR. LOLITA S. BELLO,MSPC	ST. MICHAEL KINDERGARTEN SCHOOL OF LAOANG, INC	9755327509	LIZA D. ESPINA	TALISAY ELEMENTARY SCHOOL	9066602501	MARIE R. YU	TALISAY ELEMENTARY SCHOOL	9685497538
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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.														
<div><div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div><div>Government Issued ID: PRC ID</div><div>ID/License/Passport No.: 1720397</div><div>Date/Place of Issuance: TACLOBAN CITY</div></div><div><div><div><div><div></div><div>Signature (Sign inside the box)</div><div>01/20/2024</div><div>Date Accomplished</div></div></div></div></div><div><div><div><div></div><div>PHOTO</div></div><div><div><div></div><div>Right Thumbmark</div></div></div></div></div></div>														
SUBSCRIBED AND SWORN to before me this FEB 07 2025, affiant exhibiting his/her validly issued government ID as indicated above.														
<div><div>1000 No. 1625</div><div>PAGE No. 92</div><div>BOOK No. 14</div><div>SERIES OF 2025</div></div> <div><div>Atty. Mae Lisette R. Espina</div><div>Public Attorney</div><div>Person Administering Oath</div></div>														

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