

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	MAGAN		
FIRST NAME	JHONNABEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PAYOD		
3. DATE OF BIRTH (mm/dd/yyyy)	06/24/1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	ORMOC CITY, LEYTE	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Philippines
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	SITIO BAY-ANG House/Block/Lot No. Street Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province 6541
7. HEIGHT (m)	1.57m.	ZIP CODE	18. PERMANENT ADDRESS
8. WEIGHT (kg)	47 Kg.		SITIO BAY-ANG House/Block/Lot No. Street Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province 6541
9. BLOOD TYPE	O		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121135988464	ZIP CODE	
12. PHILHEALTH NO.	13-050168263-3		
13. SSS NO.	06-3629635-6	19. TELEPHONE NO.	NONE
14. TIN NO.	322-614-584	20. MOBILE NO.	09616064935
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	jhonnbelm@gmail.com

II. FAMILY BACKGROUND

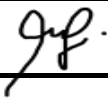
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	MAGAN			
FIRST NAME	JOSEPH	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ARCUINO			
25. MOTHER'S MAIDEN NAME				
SURNAME	PAYOD			
FIRST NAME	MARINA			
MIDDLE NAME	PARRILLA		(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	SALVACION ELEM. SCHOOL	N/A	N/A	2007	N/A	2007	N/A
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	N/A	2008	2012	N/A	2012	N/A
VOCATIONAL / TRADE COURSE	NONE	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2015	2019	N/A	2019	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	OCTOBER 15,2022
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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	
	CAREER Service(Professional)/ Second Level Eligibility		81.61%	June 19,2022	Leyte Normal Univesity, Tacloban Ciy	N/A	N/A	
(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.								
28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
	From	To						
	02/14/2022	05/15/2022	SPLIT - DOCUMENTOR	DEPARMENT OF AGRARIAN REFORM	25,000/month		CONTRACT OF SERVICE	Y
	03/08/2021	07/30/2021	SPLIT-ENVIRONMENTAL SOCIAL SAFEGUARDS(ESS)	DEPARMENT OF AGRARIAN REFORM	25,000/month		CONTRACT OF SERVICE	Y
	10/01/2019	02/29/2020	CASH REGISTERED CLERK	ISETANN DEPARTMENT STORE	12,000/month		CONTRACT OF SERVICE	N
	04/09/2016	07/01/2016	SALES ASSOCIATES	NOVO DEPARTMENT STORE	N/A		SUMMER JOB	N
	02/04/2015	05/25/2015	SALES ASSOCIATES	GAISANO RIVERSIDE ORMOC	N/A		CONTRACT OF SERVICE	N
(Continue on separate sheet if necessary)								
SIGNATURE				DATE		OCTOBER 15, 2022		

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			
	NONE					
(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.		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			
	Training of FVT'S on Environmental and Social Safeguard Operations and Technical Assitance in Utilizing ESS Tools in the Conduct of Field Validation	06/23/21	06/23/21	8		DEPARTMENT OF AGRARIAN REFORM
	Monthly Assessment Cum Review and Evaluation of Land Distribution Folder (LDF) Preparation	06/23/21	06/23/21	8		DEPARTMENT OF AGRARIAN REFORM
	Agritalk: Fruit and Vegetable Preservation and Processing Online WebinarDecember 19, 2020	12/19/2020	12/19/2020	1.0	ONLINE WEBINAR	AN ONLINE WEBINAR MADE BY BUREAU OF AGRICULTURAL RESEARCH
(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)	
	Able to work with less supervision		CERTIFICATE OF COMPLETION (January 28 to March 12, 2019) for completing the 300 hours of on the Job Training as Operation Assistant at EMV flower farm Sta. Monica, Brgy. Tambo, Malaki, Indang Cavite			
	A flexible, optimistic, goal- oriented and self-motivated individual.		CERTIFICATE OF APPEARANCE (MAY 4-5, 2018) from the Visayas State University during the 2 DAY Educational Tour in Cebu City.			
	Well organized and good in dealing with time		CERTIFICATE OF PARTICIPATION (November 16, 2017) from Department of Economics in participating the Lecture Seminar On Project Feasibility Study at Mass Media Development Center, Visayas State University, Visca, Baybay City, Leyte.			
	Highly enthusiastic in working with people of diverse culture, profession and education					
	Can speak English and, Cebuano, Waray and Tagalog language/dialect					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	OCTOBER 15, 2022	

<div>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)?</div>		<div><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></div>													
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div></div>													
		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: <div></div> Status of Case/s: <div></div></div></div>													
<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>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div></div>													
<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>		<div><div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: <div>FINISHED CONTRACT</div></div></div>													
<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>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div></div>													
		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div></div>													
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country):</div></div>													
<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>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify:</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No:</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No:</div></div></div>													
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>Lea Zinnia E. Mayote</td><td>MARO DAR-ALBUERA</td><td>9217368547</td></tr><tr><td>Mario Otadoy</td><td>DSWD- AREA COORDINATOR</td><td>9676343485</td></tr><tr><td>Merlyn De La Cruz</td><td>KAISAHAN-LTI OFFICER</td><td>9096658891</td></tr></table>				NAME	ADDRESS	TEL. NO.	Lea Zinnia E. Mayote	MARO DAR-ALBUERA	9217368547	Mario Otadoy	DSWD- AREA COORDINATOR	9676343485	Merlyn De La Cruz	KAISAHAN-LTI OFFICER	9096658891
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<div>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: SSS 06-3629-635-6</div><div>ID/License/Passport No.: NONE</div><div>Date/Place of Issuance: ORMOC CITY,LEYTE</div></div>		<div><div><div></div><div>Signature (Sign inside the box)</div><div>OCTOBER 15, 2022</div><div>Date Accomplished</div></div><div><div></div><div>Right Thumbmark</div></div></div>													
<div>SUBSCRIBED AND SWORN to before me this <div></div>, affiant exhibiting his/her validly issued government ID as indicated above. <div><div></div><div>Person Administering Oath</div></div></div>															