

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	Laban		
FIRST NAME	John	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Villanueva		
3. DATE OF BIRTH (mm/dd/yyyy)	01/24/1980	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Mandalutong, Metro Manila	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input checked="" type="checkbox"/> Male <input 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	587 A Tabok 1 House/Block/Lot No. Street BRGY Matlang Subdivision/Village Barangay Isabel Leyte City/Municipality Province
7. HEIGHT (m)	1.65	18. PERMANENT ADDRESS	587 A Tabok 1 House/Block/Lot No. Street BRGY Matlang Subdivision/Village Barangay Cebu Leyte City/Municipality Province
8. WEIGHT (kg)	70		
9. BLOOD TYPE	O		
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	159000677668		
12. PHILHEALTH NO.	110502034235	ZIP CODE	6539
13. SSS NO.	0734237819	19. TELEPHONE NO.	
14. TIN NO.	937505990000	20. MOBILE NO.	09495030227 / 09663317832
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	john.laban3000@gmail.com / john.laban2419@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	Laban			
FIRST NAME	Cornelio	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Peilago			
25. MOTHER'S MAIDEN NAME	Valero			
SURNAME	Laban			
FIRST NAME	Annie			
MIDDLE NAME	Villanueva		(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	BAGO CITY ELEMENTARY SCHOOL	ELEMENTARY DIPLOMA	07/06/1986	19/03/1993		1993	
SECONDARY	RAMON TORRES NATIONAL HIGH SCHOOL	HIGH SCHOOL DIPLOMA	07/06/1993	21/03/1997		1997	
VOCATIONAL / TRADE COURSE	AMA COMPUTER LEARNING CENTER	COMPUTER SYSTEM DESIGN PROGRAMMING	11/06/2001	21/03/2003		2003	
COLLEGE	BAGO CITY COLLEGE	AB ENGLISH	09/06/1997	24/03/2000		2000	
COLLEGE	CEBU NORMAL UNIVERSITY	DIPLOMA IN PROFESSIONAL EDUCATION	10/06/2019	28/08/2020		2020	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	11/06/2021

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
	Professional Teacher	75.40%	September 29, 2019	Cebu City	1829213	01/24/2023
	Driver's License	NA	NA	NA	F01 - 99 - 134355	01/24/2024

(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		DATE	11/6/2021
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[illegible]

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)	
1.	
2.	
3.	
4.	
5.	

[illegible]

VIII. OTHER INFORMATION

[illegible]

SIGNATURE		DATE	11/06/2021
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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)?

☐ YES
☒ NO

☐ YES
☒ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?

☐ YES
☒ NO

If YES, give details:

b. Have you been criminally charged before any court?

☐ YES
☒ 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?

☐ YES
☒ 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?

☐ YES
☒ 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)?

☐ YES
☒ NO

If YES, give details:

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?

☐ YES
☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES
☒ 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?

☐ YES
☒ NO

If YES, please specify:

b. Are you a person with disability?

☐ YES
☒ NO

If YES, please specify ID No:

c. Are you a solo parent?

☐ YES
☒ NO

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
Ninia Corelle Bacay	Telstra Powered by Teletech Pasay City	9151032229
Van Kevin Ragay	Telstra Powered by Teletech Cebu City	999990113
Kristel Mae Daan	Department of Health Isabel, Leyte	9263029318

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

Government Issued IC Driver's License

ID/License/Passport N F01 - 99 - 134355

Date/Place of Issuance January 24, 2019

Signature (Sign inside the box)

11/06/2021

Date Accomplished

PHOTO

SUBSCRIBED AND SWORN to before me this 11/06/2021, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath