

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	BARABAD		
FIRST NAME	JAY-ANN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LABRAGUE		
3. DATE OF BIRTH (mm/dd/yyyy)	8/6/1993	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Catbalogan, 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	59 Rudy Revilla Avenue House/Block/Lot No. Street Can-adieng Subdivision/Village Barangay Ormoc Leyte City/Municipality Province
7. HEIGHT (m)	1.53	ZIP CODE	6541
8. WEIGHT (kg)	50		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	59 Rudy Revilla Avenue House/Block/Lot No. Street Can-adieng Subdivision/Village Barangay Ormoc Leyte City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6541
11. PAG-IBIG ID NO.	1211-4844-9008		
12. PHILHEALTH NO.	13-050174231-8		
13. SSS NO.	06-3543278-4	19. TELEPHONE NO.	(053) 832-7376
14. TIN NO.	465-700-942	20. MOBILE NO.	+63910-521-9303
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	ibarabad@gmail.com

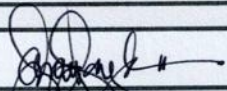
II. FAMILY BACKGROUND

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.	N/A			
24. FATHER'S SURNAME	BARABAD			
FIRST NAME	JESUS	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TEODOSIO			
25. MOTHER'S MAIDEN NAME				
SURNAME	LABRAGUE			
FIRST NAME	IMELDA			
MIDDLE NAME	SOLAYAO			

(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	CAN-ADIENG ELEMENTARY SCHOOL	ELEMENTARY LEVEL	6/7/1999	3/24/2006	N/A	2006	N/A
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	SECONDARY LEVEL	6/5/2006	3/26/2010	N/A	2010	N/A
VOCATIONAL / TRADE COURSE	Philippine Call Center Institute	Contact Center Services NCII	7/29/2022	8/23/2022	N/A	2022	1st Honorable Mention
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY - ORMOC CITY	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	6/10/2010	5/26/2014	N/A	2014	N/A
GRADUATE STUDIES	PALOMPON INSTITUTE OF TECHNOLOGY	MASTER OF MANAGEMENT	-	-	21	N/A	N/A

SIGNATURE		DATE	
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(Continue on separate sheet if necessary)

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 Examination	80.65%	6/19/2022	New Ormoc City National High School	N/A	N/A

V. WORK EXPERIENCE

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

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SIGNATURE		DATE	
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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		
	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

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

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			
	2018 Regional Orientation for the GASTPE Program Guidelines in SY:2018-2019	5/31/2018	5/31/2018	8	Managerial	Private Education Assistance Committee (PEAC)
	DESO Technical Support Staff Training	2/28/2019	2/28/2019	8	Technical	Commission on Elections
	2019 Regional Orientation for the GASTPE Program Guidelines in SY:2019-2020	6/20/2019	6/20/2019	8	Managerial	Private Education Assistance Committee (PEAC)
	LIS Enrollment / Encoding SY 2019-2020 Orientation	7/24/2019	7/24/2019	8	Managerial	Ormoc City Division
	Tertiary Education Subsidy (TES) Program in Academic Year 2019-2020 Orientation on the Guidelines	8/16/2019	8/16/2019	8	Managerial	Private Education Assistance Committee (PEAC)
	Empowering Higher Education Institutions towards Greater Access, Equity and Global Excellence	11/28/2019	11/29/2019	16	Managerial	Unified Student Financial Assistance System for Tertiary Education (UniFast)
	Digital Tranformation Briefing for Executives	9/14/2020	9/16/2020	24	Supervisory	UP System Information Technology Foundation
	DESO Technical Support Staff Training	2/23/2022	2/24/2022	12	Technical	Commission on Elections
	Microsoft PowerPoint Proficiency	2/24/2022	2/25/2022	8	Technical	Department of Information and Communication Technology (DICT)
	A Deep Dive in 5G Network	3/12/2022	3/12/2022	4	Technical	Department of Information and Communication Technology (DICT)
	Woman of ICT for Education: Empowering Women through Digital Literacy	3/12/2022	3/12/2022	3	Technical	Department of Information and Communication Technology (DICT)
	Gender Inequality in Graphic Design: What Can Be Done to Bridge the Gender Gap	3/23/2022	3/23/2022	8	Technical	Department of Information and Communication Technology (DICT)
	Animation as a Side Hustle in the New Normal: Careers and Degrees in Animation	4/6/2022	4/6/2022	2	Technical	Department of Information and Communication Technology (DICT)
	Tech Trends: Internet of Things (Basic Session)	9/7/2022	9/7/2022	2	Technical	Department of Information and Communication Technology (DICT)
	Contact Center Services NCII	7/29/2022	8/23/2022	144	Technical	Technical Education And Skills Development Authority (TESDA)
	Human Resources Information Systems (HRIS) as an IT Solution	10/25/2022	10/26/2022	8	Technical	Department of Information and Communication Technology (DICT)


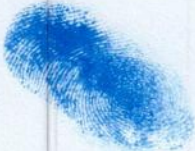
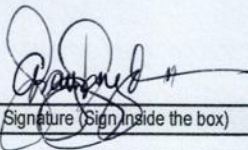
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Strong interpersonal and communication skills and the ability to work effectively with a wide range of constituencies in a diverse community.		N/A		N/A
	Computer literacy / Typing speed 40-50 WPS				
	Oriented in Microsoft Office application				
	Hardware and Software Installation				
	Database management skills using Mail merge and MS excel				
	Basic knowledge about Adobe Photoshop, Layout design				
	Web Researching				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: Resigned at St. Peter's College of Ormoc - Private												
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 <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)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>MR. MARK ANTHONY B. MALINAO</td><td>BRGY. SAN PABLO SIMANGAN ORMOC CITY</td><td>09453372529</td></tr><tr><td>MS. KATHLEEN ROSE PIDOR</td><td>BRGY. ALEGRIA ORMOC CITY</td><td>09561833972</td></tr><tr><td>MRS. CARLA JANE S. CULTURA</td><td>BRGY. TAMBULILID ORMOC CITY</td><td>09474513386</td></tr></table>			NAME	ADDRESS	TEL. NO.	MR. MARK ANTHONY B. MALINAO	BRGY. SAN PABLO SIMANGAN ORMOC CITY	09453372529	MS. KATHLEEN ROSE PIDOR	BRGY. ALEGRIA ORMOC CITY	09561833972	MRS. CARLA JANE S. CULTURA	BRGY. TAMBULILID ORMOC CITY	09474513386
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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> JAY-ANN E. BARABAD PHOTO</div> <div> Right Thumbmark</div>												
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <table><tr><td>Government Issued ID:</td><td>DRIVER'S LICENSE</td></tr><tr><td>ID/License/Passport No.:</td><td>H03-20-100026</td></tr><tr><td>Date/Place of Issuance:</td><td>ORMOC CITY</td></tr></table>	Government Issued ID:	DRIVER'S LICENSE	ID/License/Passport No.:	H03-20-100026	Date/Place of Issuance:	ORMOC CITY	<div> Signature (Sign inside the box)</div> <div>_____ Date Accomplished</div>							
Government Issued ID:	DRIVER'S LICENSE													
ID/License/Passport No.:	H03-20-100026													
Date/Place of Issuance:	ORMOC CITY													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div>_____ Person Administering Oath</div>														