

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 persons 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. I

I. PERSONAL INFORMATION

2. SURNAME	MAAGHOP		
FIRST NAME	JAYVEE	NAME EXTENSION (JR., SR)	
MIDDLE NAME			
3. DATE OF BIRTH (mm/dd/yyyy)	02/14/2000	16. CITIZENSHIP	
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX			
6 CIVIL STATUS		17. RESIDENTIAL ADDRESS	CENTRO CENTRO
			House/Block/Lot No. Street
			N/A BRGY. PUNTA
			Subdivision/Village Barangay
7. HEIGHT (m)	1.78		BAYBAY CITY LEYTE
			City/Municipality Province
8. WEIGHT (kg)	82KG	ZIP CODE	
9. BLOOD TYPE	O-	18. PERMANENT ADDRESS	CENTRO CENTRO
			House/Block/Lot No. Street
10. GSIS ID NO.	N/A		N/A BRGY. PUNTA
			Subdivision/Village Barangay
11. PAG-IBIG ID NO.	N/A		BAYBAY CITY LEYTE
			City/Municipality Province
12. PHILHEALTH NO.	N/A	ZIP CODE	6521
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	602-582-460	20. MOBILE NO.	0967-826-7715
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	maaghopjayboy44@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRT
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	JAYDEE RAY M. MAAGHOP	01/22
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BASUBAS			
FIRST NAME	JOSEPH	NAME EXTENSION (JR., SR)		
MIDDLE NAME	RAMOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	MAAGHOP			
FIRST NAME	VIVIAN			
MIDDLE NAME	PLAZA		(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
			From	To		
ELEMENTARY	BAYBAY II SOUTH CENTRAL SCHOOL	PRIMARY	2008	2013	GRADUATED	2013
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY	2013	2015	UNDER-GRADUATED	N/A

	ALTERNATIVE LEARNING SYSTEM	ACCREDITATION & EQUIVALENCY	2017	2018	GRADUATED	2018
COLLEGE	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION	BACHELOR OF SCIENCE AND CRIMINOLOGY	2019	2022	UNDER-GRADUATED	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A
<i>(Continue on separate sheet if necessary)</i>						
SIGNATURE			DATE		January 9, 2021	

ion

For CSC use only)

H (mm/dd/yyyy)

2/2023

SCHOLARSHIP/
ACADEMIC
HONORS
RECEIVED

N/A

N/A

N/A
N/A
N/A
4

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)							
SIGNATURE				DATE	01/09/2024		

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

(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			
MOUNTAIN SEARCH AND RESCUE TRAINING (MoSAR)	8/11/2023	8/15/2023	40	N/A	LEYTE DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL - PROVINCIAL HEAD OFFICE
VALUES AND ETHICS IN THE WORKPLACE: A GUIDE TO FUTURE PROFESSIONALS	11/22/2022	11/22/2022	8	N/A	GUIDANCE DEPARTMENT & CAREER MANAGEMENT COURSE
CAPABILITY TRAINING TO ENHANCE CRIMINAL INVESTIGATION	10/19/2022	10/19/2022	16	N/A	CITY PROSECUTORS OFFICE
FUNDAMENTALS OF EXTRICATION	7/2/2022	7/2/2022	8	N/A	BASIC LIFESAVING SOLUTIONS
AMBULANCE OPERATIONS	6/29/2022	7/1/2022	24	N/A	BASIC LIFESAVING SOLUTIONS
STANDARD FIRST AID - LAY RESCUER	7/9/2021	7/10/2021	16	N/A	DEPARTMENT OF HEALTH - HEALTH EMERGENCY MANAGEMENT SERVICES
BASIC LIFE SUPPORT PROVIDER'S COURSE - LAY RESCUER	7/8/2021	7/8/2021	8	N/A	DEPARTMENT OF HEALTH - HEALTH EMERGENCY MANAGEMENT SERVICES

(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)
BASIC FIRST AID PROVIDER	N/A	N/A
BASIC LIFE SUPPORT PROVIDER	N/A	N/A
PLAYING ONLINE GAMES	N/A	N/A

LONG RIDES	N/A	N/A
DRIVING	N/A	N/A
(Continue on separate sheet if necessary)		
SIGNATURE		DATE
		JANUARY 9, 2024

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p>If YES, give details:</p> <hr/>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p>If YES, give details:</p> <hr/> <p>If YES, give details:</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p>If YES, give details:</p> <hr/>												
<p>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?</p>	<p>If YES, give details:</p> <hr/>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p>If YES, give details: _____</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p>If YES, give details (country):</p> <hr/>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p>If YES, please specify: _____</p> <p>If YES, please specify ID No: _____</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>ENGR. RHYSE M. AUSTERO</td> <td>BAYBAY CITY, LEYTE</td> <td>0905-349-8273</td> </tr> <tr> <td>DR. RENMIR JAN MAALA</td> <td>BAYBAY CITY, LEYTE</td> <td>0968-691-2019</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	ENGR. RHYSE M. AUSTERO	BAYBAY CITY, LEYTE	0905-349-8273	DR. RENMIR JAN MAALA	BAYBAY CITY, LEYTE	0968-691-2019			
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ENGR. RHYSE M. AUSTERO	BAYBAY CITY, LEYTE	0905-349-8273											
DR. RENMIR JAN MAALA	BAYBAY CITY, LEYTE	0968-691-2019											
<p>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.</p>													

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)
<i>PLEASE INDICATE ID Number and Date of Issuance</i>
Government Issued ID: DRIVERS LICENSE
ID/License/Passport No.: H-12-20-002960
Date/Place of Issuance: 02/14/2020 LTO BAYBAY OFFICE

Signature (Sign inside the box)
01/09/2024
Date Accomplished

PHOTO

Right Thumbmark

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

Person Administering Oath



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