

# 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 box(es) 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	MABUTO		
FIRST NAME	JUBYMAR	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	ABAPO		
3. DATE OF BIRTH (mm/dd/yyyy)	03/17/1980	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	WLPH BAYBAY LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated	17. RESIDENTIAL ADDRESS  N/A GROUP 1 House/Block/Lot No. Street N/A SANTO ROSARIO Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	1.651		
8. WEIGHT (kg)	68		
9. BLOOD TYPE	O+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121088994462		18. PERMANENT ADDRESS  N/A GROUP 1 House/Block/Lot No. Street N/A SANTO ROSARIO Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
12. PHILHEALTH NO.	130500447436		
13. SSS NO.	0622023339		
14. TIN NO.	219543454		
15. AGENCY EMPLOYEE NO.	N/A		
19. TELEPHONE NO.	N/A		
20. MOBILE NO.	09272905722		
21. E-MAIL ADDRESS (if any)	hamabuto@gmail.com		

## II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	MABUTO	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	HAYDEE	NAME EXTENSION (JR., SR)	HARVY VIC B. MABUTO
MIDDLE NAME	BUNAL		JOHN RAYMUND B. MABUTO
OCCUPATION	PARER		PAUL EMMANUEL B. MABUTO
EMPLOYER/BUSINESS NAME	ASIAPRO COOPERATIVE (SC GLOBAL COCO PRODUCTS INC)		
BUSINESS ADDRESS	BRGY. CARIDAD, BAYBAY CITY, LEYTE		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	MABUTO		
FIRST NAME	VICTORINO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BISNAR		
25. MOTHER'S MAIDEN NAME			
SURNAME	ABAPO		
FIRST NAME	ELIZABETH		
MIDDLE NAME	VINCULADO		

(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	BAYBAY II CENTRAL SCHOOL	PRIMARY EDUCATION	1987	1993	N/A	1993	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	1993	1997	N/A	1997	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRICULTURAL CHEMISTRY	1997	2001	N/A	2001	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Nov. 4, 2021
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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
	RA 1080 (CHEMIST)	70.0	2013	MANILA CITY	11373	2019
	CAREER SERVICE PROFESSIONAL (PD 907)	80.0	2001	ORMOC CITY	01-006553	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.

[illegible]

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	Nov. 4, 2021
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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			
	Qualification of Radiation Protection Officers (RPOs)	11/25/2018	11/29/2018	45.0	RPO	Technology Experts
	ISO 9001:2005 Awareness Training	10/22/2018	N/A	8.0	Chemist	ING Management Services
	5S and Work Place Improvement	08/12/2017	N/A	8.0	Chemist	ING Management Services
	ISO 17025:2005 Internal Auditor Training	05/17/2017	05/18/2017	16.0	Internal Auditor	ING Management Services
	ISO 17025:2005 Awareness Training	03/10/2017	03/11/2017	16.0	Internal Auditor	ING Management Services
	Management of Laboratory Wastes	07/22/2010	N/A	8.0	Quality Staff	Visayas State University - JEF COR
	Enhancement of Performance of Environmental Monitoring & Audit Function	09/11/2007	09/12/2007	16.0	Deputy PCO	Department of Environment and Natural
	Current Good Manufacturing Practices (cGMP)	06/28/2007	N/A	4.0	Quality Staff	Hideco Sugar Milling Company
	Hazard Analysis and Critical Control Points (HACCP)	06/05/2007	N/A	8.0	Quality Staff	Hideco Sugar Milling Company
	Orientation of Hazard Analysis and Critical Control Points (HACCP)	05/25/2007	N/A	8.0	Quality Staff	Hideco Sugar Milling Company
(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		
	TECHNICAL	N/A		N/A		
	RESEARCH					
	VBA CODE					
	QUALITY ASSURANCE					
	VOLLEYBALL					
	LAWN TENNIS					
	BADMINTON					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	Nov. 4, 2021	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit -	<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	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>RESIGNATION</u>					
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	<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: _____					
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 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)		 PHOTO					
NAME	ADDRESS		TEL. NO.				
RAFAEL ARRADAZA	SANTO ROSARIO, BAYBAY CITY		N/A				
LEONARDO CELLONA	SANTO ROSARIO, BAYBAY CITY		N/A				
	MARIA ZAIDE FLORES	A. MABINI STREET, BAYBAY CITY	N/A				
42.		 Right Thumbmark					
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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date</i></td> <td rowspan="4" style="width: 40%; text-align: center; vertical-align: middle;">             Signature (Sign inside the box)            Nov. 04, 2021            Date Accomplished         </td> </tr> <tr> <td>Government Issued ID: <b>PASSPORT</b></td> </tr> <tr> <td>ID/License/Passport No.: <b>P0509277A</b></td> </tr> <tr> <td>Date/Place of Issuance: <b>05OCT2016/ PE RIYAD</b></td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date</i>	 Signature (Sign inside the box) Nov. 04, 2021 Date Accomplished	Government Issued ID: <b>PASSPORT</b>	ID/License/Passport No.: <b>P0509277A</b>	Date/Place of Issuance: <b>05OCT2016/ PE RIYAD</b>
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Date/Place of Issuance: <b>05OCT2016/ PE RIYAD</b>							
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.							
<div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;"></div> Person Administering Oath							