

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	LAURE		
FIRST NAME	JASON	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SACRO		
3. DATE OF BIRTH (mm/dd/yyyy)	9/30/1975	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	LILLOAN, SO. 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 checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street COMBADO Subdivision/Village Barangay MAASIN CITY SOUTHERN LEYTE City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	
8. WEIGHT (kg)	65		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	House/Block/Lot No. Street COMBADO Subdivision/Village Barangay MAASIN CITY SOUTHERN LEYTE City/Municipality Province
10. GSIS ID NO.		ZIP CODE	
11. PAG-IBIG ID NO.	916245654278		
12. PHILHEALTH NO.	13-050054238-2		
13. SSS NO.	06-2395110-9	19. TELEPHONE NO.	570-8416
14. TIN NO.	935-850-706	20. MOBILE NO.	0995 367 8281
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	Laurei75@yahoo.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LAURE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	FLORABELLE	NAME EXTENSION (JR., SR)	FRANCINE S. LAURE	8/28/2013
MIDDLE NAME	SACNAHON		ADALINE S. LAURE	9/28/2018
OCCUPATION	GOVERNMENT EMPLOYEE			
EMPLOYER/BUSINESS NAME	NATIONAL FOOD AUTHORITY			
BUSINESS ADDRESS	CANTURING, MAASIN CITY, SOUTHERN LEYTE			
TELEPHONE NO.				
24. FATHER'S SURNAME	LAURE			
FIRST NAME	MAXIMO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PALAPO			
25. MOTHER'S MAIDEN NAME				
SURNAME	SACRO			
FIRST NAME	SILENCIA			
MIDDLE NAME	GAMALO			

(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	LILLOAN CENTRAL SCHOOL	GRADE SCHOOL	1981	1988		1988	
SECONDARY	ST. IGNATIUS LOYOLA ACADEMY	HIGH SCHOOL	1988	1992		1992	
VOCATIONAL / TRADE COURSE							
COLLEGE	SAN CARLOS SEMINARY COLLEGE	BACHELOR OF ARTS IN PHILOSOPHY	1998	2002		2002	
	ST. JOSEPH COLLEGE	BS SECONDARY EDUCATION	2020	2020	18 UNITS		
GRADUATE STUDIES	SOUTHERN LEYTE STATE UNIVERSITY	MASTER IN PUBLIC ADMINISTRATION	2012	2014		2014	

(Continue on separate sheet if necessary)

SIGNATURE	DATE	JUNE 8, 2023
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[illegible]


(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				SALARY/JOB		
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[illegible]

(Continue on separate sheet if necessary)



JUNE 8, 2023

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		

(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			
IN-HOUSE TRAINING AND SYLLABUS MAKING OF THE CHED GENERAL EDUCATION COURSE: ART APPRECIATION	5/21/2018	5/24/2018	40		UNIVERSITY OF CEBU
IN-HOUSE TRAINING AND SYLLABUS MAKING OF THE CHED GENERAL EDUCATION COURSE: LIFE AND WORKS OF RIZAL	5/7/2018	5/9/2018	30		UNIVERSITY OF CEBU
IN-HOUSE TRAINING AND SYLLABUS MAKING OF THE CHED GENERAL EDUCATION COURSE: ETHICS	5/7/2018	5/10/2018	40		UNIVERSITY OF CEBU
IN-HOUSE TRAINING AND SYLLABUS MAKING OF THE CHED GENERAL EDUCATION COURSE: READINGS IN PHILIPPINE HISTORY	5/2/2018	5/4/2018	30		UNIVERSITY OF CEBU
IN-HOUSE TRAINING AND SYLLABUS MAKING OF THE CHED GENERAL EDUCATION COURSE: THE CONTEMPORARY WORLD	4/24/2018	4/27/2018	40		UNIVERSITY OF CEBU
ISO 9001: 2015 INTERNAL QUALITY AUDITING COURSE	11/15/2017	11/15/2017	10		UNIVERSITY OF CEBU
ISO 9001: AWARENESS TRAINING	11/14/2017	11/14/2017	10		UNIVERSITY OF CEBU
LIFE TRAPS SEMINAR	10/11/2017	10/11/2017	10		UNIVERSITY OF CEBU
SEMINAR-WORKSHOP ON SYLLABUS CALIBRATION BASED ON COURSE OUTCOMES	10/28/2016	10/28/2016	10		UNIVERSITY OF CEBU
ACTION RESEARCH	9/28/2016	9/29/2016	20		UNIVERSITY OF CEBU

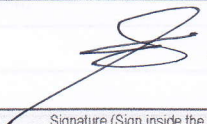

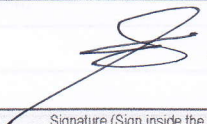

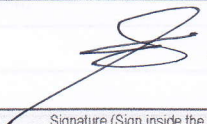

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 8, 2023
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<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><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>PRIVATE SECTOR: RESIGNATION</p>												
<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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> 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;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 30%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. ANNA KATHRINA OAMINAL-WATIN</td> <td>CEBU CITY</td> <td>09273038310</td> </tr> <tr> <td>DIOMEDES ALESNA NUNEZ PASON, MBA</td> <td>CEBU CITY</td> <td>09171852825</td> </tr> <tr> <td>En.P EMMANUEL P. CRUCIO, MscI, DURP</td> <td>CEBU CITY</td> <td>09171864969</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. ANNA KATHRINA OAMINAL-WATIN	CEBU CITY	09273038310	DIOMEDES ALESNA NUNEZ PASON, MBA	CEBU CITY	09171852825	En.P EMMANUEL P. CRUCIO, MscI, DURP	CEBU CITY	09171864969
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<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>													
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 10px auto; text-align: center; padding-top: 10px;"> Person Administering Oath </div>													