

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 Form No.

(Do not fill up for CSC use only)

I. PERSONAL INFORMATION

| | | | |
|-------------------------------|---|---|---|
| 2. SURNAME | | DALAGAN | |
| 3. FIRST NAME | JESSEL JENE | NAME EXTENSION N/A | |
| 4. MIDDLE NAME | CAPILI | | |
| 5. DATE OF BIRTH (mm/dd/yyyy) | 05/11/1998 | 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: |
| 6. PLACE OF BIRTH | HILONGOS, LEYTE | If holder of dual citizenship, please indicate the details: | |
| 7. SEX | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | |
| 8. 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 | N/A House/Block/Lot No. N/A Subdivision/Village HILONGOS City/Municipality |
| 9. HEIGHT (m) | 1.50m | 18. PERMANENT ADDRESS | N/A House/Block/Lot No. N/A Subdivision/Village HILONGOS City/Municipality |
| 10. WEIGHT (kg) | 49kg | 19. TELEPHONE NO. | N/A |
| 11. BLOOD TYPE | A+ | 20. MOBILE NO. | 09518229117 |
| 12. GDS ID NO. | N/A | 21. E-MAIL ADDRESS (if any) | jeneddalagan@gmail.com |
| 13. PAG-IBIG ID NO. | 1213-0851-6973 | | |
| 14. PHILHEALTH ID NO. | 13-250488999-1 | | |
| 15. SSS NO. | 06-4484036-7 | | |
| 16. TIN NO. | 617-263-818-00000 | | |
| 17. AGENCY EMPLOYEE NO. | N/A | | |

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) |
| 24. FIRST NAME | N/A | NAME EXTENSION (LR, SR) | N/A |
| 25. MIDDLE NAME | N/A | | |
| 26. OCCUPATION | N/A | | |
| 27. EMPLOYER/BUSINESS NAME | N/A | | |
| 28. BUSINESS ADDRESS | N/A | | |
| 29. TELEPHONE NO. | N/A | | |
| 30. FATHER'S SURNAME | DALAGAN | | |
| 31. FIRST NAME | PRISCILIANO | NAME EXTENSION SR | |
| 32. MIDDLE NAME | LUGAN | | |
| 33. MOTHER'S MARRIED NAME | ERLINDA VELMONTE CAPILI | | |
| 34. SURNAME | CAPILI | | |
| 35. FIRST NAME | ERLINDA | | |
| 36. MIDDLE NAME | VELMONTE | | |

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

| 20. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGREE/COURSE (Write in full) | PERIOD OF ATTENDANCE | | HIGHEST LEVEL/UNIT EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ACADEMIC HONORS RECEIVED |
|-------------------------|--|---|----------------------|------|--|----------------|--------------------------------------|
| | | | From | To | | | |
| ELEMENTARY | BAAS ELEMENTARY SCHOOL | PRIMARY | 2008 | 2012 | GRADUATED | 2012 | N/A |
| SECONDARY | HILONGOS NATIONAL VOCATIONAL SCHOOL | JUNIOR HIGH SCHOOL | 2012 | 2016 | GRADUATED | 2016 | N/A |
| VOCATIONAL/TRADE COURSE | HILONGOS NATIONAL VOCATIONAL SCHOOL | SENIOR HIGH SCHOOL (TVL-COOKERY) | 2016 | 2018 | GRADUATED | 2018 | WITH HONORS |
| COLLEGE | WISCONSIN STATE UNIVERSITY (Main Campus) | BACHELOR OF SCIENCE IN AGRICULTURE | 2018 | 2022 | GRADUATED | 2022 | CUM LAUDE |
| GRADUATE STUDIES | N/A | N/A | N/A | N/A | N/A | MA | N/A |


(Continue on separate sheet if necessary)

| | | |
|-----------|------|-------------------|
| SIGNATURE | DATE | September 1, 2024 |
|-----------|------|-------------------|

| 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 |
| | PRESIDENTIAL DECREE No. 907 | N/A | N/A | CSC RO VIII | 100108220873 | 10/12/2022 |
| | DRIVER'S LICENSE | N/A | N/A | MAASIN DISTRICT OFFICE | H05-23-001490 | 04/11/2023 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

V. WORK EXPERIENCE

[illegible]

| | | | |
|---|---|------|--------------------|
| (Continue on separate sheet if necessary) | | | |
| SIGNATURE |  | DATE | SEPTEMBER 01, 2024 |

[illegible]

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

Based on the above award, 10 training resources and include with the award 12 training dollars for the next five (5) years for Division Chief/Executive Managerial positions.

[illegible]

(Continue on separate sheet if necessary)




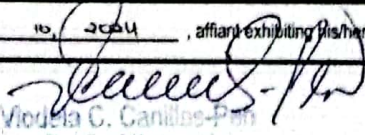
| 31. SPECIAL SKILLS and HOBBIES | 32. NON ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
|--|--|---|
| COMPUTER SKILLS (MS WORD, EXCEL, POWERPOINT) | N/A | N/A |
| PLAYING FOOTBALL | N/A | HILONGS FOOTBALL CLUB |
| SINGING | N/A | N/A |
| DANCING | N/A | NA |
| | | |
| | | |
| | | |


Thompson on security after 9/11 (cont'd)


SIGNATURE

DATE _____

SEPTEMBER 01, 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><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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL NO</th> </tr> </thead> <tbody> <tr> <td>MELANIE F. LAGO</td> <td>BRGY. CANGUMBANG PALO, LEYTE</td> <td>0956-783-8070</td> </tr> <tr> <td>RHIJELYN L. ROBLES</td> <td>BAYBAY CITY, LEYTE</td> <td>0948-555-7978</td> </tr> <tr> <td>JIOBANE P. FLORES</td> <td>TACLOBAN CITY</td> <td>0967-328-6536</td> </tr> </tbody> </table> <p>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> | | NAME | ADDRESS | TEL NO | MELANIE F. LAGO | BRGY. CANGUMBANG PALO, LEYTE | 0956-783-8070 | RHIJELYN L. ROBLES | BAYBAY CITY, LEYTE | 0948-555-7978 | JIOBANE P. FLORES | TACLOBAN CITY | 0967-328-6536 |
| NAME | ADDRESS | TEL NO | | | | | | | | | | | |
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| JIOBANE P. FLORES | TACLOBAN CITY | 0967-328-6536 | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>DRIVER'S LICENSE</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>H05-23-001490</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>04/11/23 MAASIN CITY</td> </tr> </table> | Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.) | | PLEASE INDICATE ID Number and Date of Issuance | | Government Issued ID: | DRIVER'S LICENSE | ID/License/Passport No.: | H05-23-001490 | Date/Place of Issuance: | 04/11/23 MAASIN CITY | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) September 1, 2024 Date Accomplished </td> </tr> </table> |  Signature (Sign inside the box) September 1, 2024 Date Accomplished | |
| Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.) | | | | | | | | | | | | | |
| PLEASE INDICATE ID Number and Date of Issuance | | | | | | | | | | | | | |
| Government Issued ID: | DRIVER'S LICENSE | | | | | | | | | | | | |
| ID/License/Passport No.: | H05-23-001490 | | | | | | | | | | | | |
| Date/Place of Issuance: | 04/11/23 MAASIN CITY | | | | | | | | | | | | |
|  Signature (Sign inside the box) September 1, 2024 Date Accomplished | | | | | | | | | | | | | |
| <p>SUBSCRIBED AND SWORN to before me this <u>SEPTEMBER 10, 2024</u>, affiant exhibiting his/her validly issued government ID as indicated above</p> <div style="text-align: center;">  Victoria C. Canillas-Pan Public Attorney I Department of Public Safety Person Administering Oath </div> | | | | | | | | | | | | | |


 PHOTO


 Right Thumbprint