

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. I. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	BERDAN		
FIRST NAME	JANUS CAMILLE		NAME EXTENSION (JR., SR)
MIDDLE NAME	AMORES		
3. DATE OF BIRTH (mm/dd/yyyy)	01-01-2002	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	PALO LEYTE	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	ZONE CAPRICORN
7. HEIGHT (m)	1.499 m	House/Block/Lot No.	PAWING
8. WEIGHT (kg)	45 KG	Subdivision/Village	LEYTE
9. BLOOD TYPE	O	City/Municipality	Province
10. GSIS ID NO.	N/A	ZIP CODE	6501
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS	ZONE CAPRICORN
12. PHILHEALTH NO.	13-025646 B46-9	House/Block/Lot No.	PAWING
13. SSS NO.	N/A	Subdivision/Village	LEYTE
14. TIN NO.	631-866-47-00000	City/Municipality	Province
15. AGENCY EMPLOYEE NO.	N/A	ZIP CODE	6501
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	0956 783 6240
		21. E-MAIL ADDRESS (if any)	janus.camille.amores.berdan@gmail.com

II. FAMILY BACKGROUND

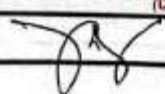
22. SPOUSE'S SURNAME			23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)			
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	BERDAN			
FIRST NAME	HENRY			
MIDDLE NAME	MEÑOSA			
25. MOTHER'S MAIDEN NAME				
SURNAME	AMORES			
FIRST NAME	GEMARIE			
MIDDLE NAME	GRICO			

(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	RIZAL CENTRAL SCHOOL					2014	WITH HONORS
SECONDARY	LEYTE NATIONAL HIGH SCHOOL					2020	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF ARTS IN COMMUNICATION				2024	MAGNA CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 24, 2024
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[illegible]

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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SIGNATURE		DATE	
[Signature]		JUL 24, 2024	

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VL 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		
	LEITE NORMAL UNIVERSITY ELECTION COMMISSION	2023	2024		COMMISSIONER
	JUC LEITE NORMAL UNIVERSITY	2022	2023		PRESIDENT
	LNU PHILHARMONIC SINGERS	2022	2023		SDPRAND II
	JUC EASTERN VISAYAS	2021	2022		REGIONAL TRAINING DIRECTOR
	BACOMMUNIT-1	2021	2022		2ND YEAR REPRESENTATIVE

(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			
	FARMC SUMMIT	JUNE	2024	12	TECHNICAL	BUREAU OF FISHERIES AND AQUATIC RESOURCES
	FARMC CONFERENCE	JUNE	2024	48	TECHNICAL	BUREAU OF FISHERIES AND AQUATIC RESOURCES
	IPOVCON 2023	OCTOBER	2023	24	TECHNICAL	LEYTE NORMAL UNIVERSITY
	EDUK CIRCLE MEDIA CON	OCTOBER	2023	12	TECHNICAL	LEYTE NORMAL UNIVERSITY
	ADOPTION AND FOSTER CARE FORUM	JULY 05	2024	12	TECHNICAL	REGIONAL CHILD CARE OFFICE 8
	JUAN KOMUNIDAD	SEPTEMBER	2022	48	SUPERVISORY	JJC LEYTE NORMAL UNIVERSITY
	MAHIWARANG	JULY	2022	12	SUPERVISORY	JJC LEYTE NORMAL UNIVERSITY
	HIMUM - AYRAM	NOVEMBER	2021	48	SUPERVISORY	JJC EASTERN VISAYAS
	PARLIAMENTARY PROCEDURE	2018	2023	NIE	MANAGERIAL	JJC PHILIPPINES
	PROTOCOL TRAINING	2018	2022	NIE	MANAGERIAL	JJC PHILIPPINES
	PROJECT PLANNING	2018	2022	NIE	MANAGERIAL	JJC PHILIPPINES
	EFFECTIVE COMMUNICATION	2018	2022	NIE	MANAGERIAL	JJC PHILIPPINES

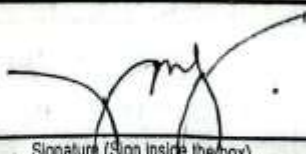
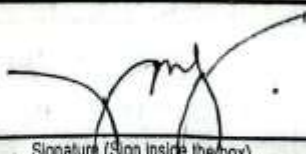

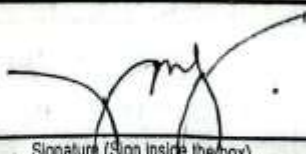
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
PROJECT IMPLEMENTATION	LEADERSHIP AND SERVICE AWARDEE	JJC LEYTE NORMAL UNIVERSITY (PRESIDENT)
EVENT'S PLANNING	SERVICE AND COOPERATION AWARDEE	JJC EASTERN VISAYAS (REGIONAL TRAINING DIRECTOR)
HOSTING	COMMUNICATOR (PAGDASIG)	BACOMMUNITY (2ND YEAR REPRESENTATIVE)
SINGING	OUTSTANDING MEMBER	UNO PHILHARMONIC SINGERS (2ND YEAR)
PRODUCTION	TECHNICAL CREW AWARDEE	BACOMMUNITY (2ND YEAR REPRESENTATIVE)

(Continue on separate sheet if necessary)

SIGNATURE				DATE			
				JULY 24, 2024			

<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 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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <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><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</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>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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>VAL DE LOS SANTOS</td> <td>TACLOBAN</td> <td>09171543151</td> </tr> <tr> <td>EVA L. ROSAL</td> <td>TACLOBAN</td> <td>09173047966</td> </tr> <tr> <td>JAN REIAN SAVEDRA</td> <td>ALANG ALANG</td> <td>09688511601</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	VAL DE LOS SANTOS	TACLOBAN	09171543151	EVA L. ROSAL	TACLOBAN	09173047966	JAN REIAN SAVEDRA	ALANG ALANG	09688511601
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td style="font-size: small;">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID PHILHEALTH ID</td> </tr> <tr> <td>ID/License/Passport No. P3-025646846-9</td> </tr> <tr> <td>Date/Place of Issuance TACLOBAN OFFICE</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID PHILHEALTH ID	ID/License/Passport No. P3-025646846-9	Date/Place of Issuance TACLOBAN OFFICE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 80px;">  </td> </tr> <tr> <td style="text-align: center; font-size: small;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;"> 11/17/24 </td> </tr> <tr> <td style="text-align: center; font-size: small;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	11/17/24	Date Accomplished	<div style="text-align: center;">  </div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <div style="text-align: center; font-size: small;">Right Thumbmark</div>		
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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: 300px; height: 60px; margin: 10px auto;"></div> <div style="text-align: center; font-size: small;">Person Administering Oath</div>													