

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 () 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	MANDIA		
FIRST NAME	JOYCEE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SILLEZA		
3. DATE OF BIRTH (mm/dd/yyyy)	SEPTEMBER 28, 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:
4. PLACE OF BIRTH	POBLACION ZONE 2 JAVIER 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	House/Block/Lot No. _____ Street _____ PANGASUGAN Subdivision/Village _____ Barangay _____ BAYBAY CITY LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.54	ZIP CODE	6521
8. WEIGHT (kg)	43		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	REAL STREET House/Block/Lot No. _____ Street _____ POBLACION ZONE 2 Subdivision/Village _____ Barangay _____ JAVIER City/Municipality _____ Province _____
10. GSIS ID NO.	N/A	ZIP CODE	6511
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	132505782176		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09129910453/09554256999
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	joyceemandia28@gmail.com

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)
FIRST NAME	NAME EXTENSION (JR., SR)			
MIDDLE NAME			N/A	N/A
OCCUPATION				
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MANDIA			
FIRST NAME	DAVID	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CABIA			
25. MOTHER'S MAIDEN NAME	JOSEPHINE SOLIS SILLEZA			
SURNAME	SILLEZZA			
FIRST NAME	JOSEPHINE			
MIDDLE NAME	SOLIS		(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)	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To		
ELEMENTARY	JAVIER CENTRAL SCHOOL	N/A	2006	2011	GRADUATED	5TH HONOR
SECONDARY	JAVIER NATIONAL HIGH SCHOOL	N/A	2011	2015	GRADUATED	SALUTATORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A				N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR IN ANIMAL SCIENCE	2015	2019	GRADUATED	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN ANIMAL SCIENCE	2019	2021	GRADUATED	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JANUARY 25, 2022
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IV. CIVIL SERVICE ELIGIBILITY

[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.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

JANUARY 25, 2022

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				

(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			
	PHILSAN VIRTUAL ANIMAL NUTRITION CONFERENCE			3.0	Research	PHILIPPPINE SOCIETY OF ANIMAL NUTRITIONIST
	EMERGING PATHOGENS OF INTEREST IN THE FOOD INDUSTRY			2.0	Technical	GLENWOOD TECHNOLOGIES INTERNATIONAL
	EMERGING PATHOGENS OF INTEREST IN THE FOOD INDUSTRY			2.0	Technical	GLENWOOD TECHNOLOGIES INTERNATIONAL
	MYCOTOXINS IN FOOD AND FEED			2.0	Technical	GLENWOOD TECHNOLOGIES INTERNATIONAL

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION			
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)
	COOKING		N/A
	SINGING		
	PLAYING INTSTRUMENTS		
	WATCHING DOCUMENTARIES		
(Continue on separate sheet if necessary)			
SIGNATURE		DATE	
		JANUARY 25, 2022	

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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<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 phased out (abolition) in the public or private sector?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
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 promote/actively campaign for a national or local candidate?	<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 Parents Welfare Act of 2000 (RA 8972), please answer the following items: 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)		
NAME	ADDRESS	TEL. NO.
DINAH M. ESPINA Ph.D	VUS BAYBAY CIY LEYTE	9173276763
DR. IVY C. EMNACE Ph.D	VUS BAYBAY CIY LEYTE	9225219482
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.		
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/License/Passport No.: 13-250578271 Date/Place of Issuance: TACLOBAN CITY, LEYTE		<div style="border: 1px solid black; padding: 10px; text-align: center;"> ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable PHOTO </div> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 5px;">Right Thumbmark</div>
<div style="border: 1px solid black; padding: 10px; text-align: center;"> Signature (Sign inside the box) January 25, 2022 Date Accomplished </div>		
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: 300px; height: 60px; margin: 0 auto;"></div> <div style="border: 1px solid black; padding: 5px; width: 300px; margin: 0 auto;">Person Administering Oath</div>		