

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 () ☐ 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	AMIGO		
FIRST NAME	JIM RHODEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PACAÑA		
3. DATE OF BIRTH (mm/dd/yyyy)	08/17/1999	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	MAHAYAG, ALBUERA, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input 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:		
7. HEIGHT (m)	1.6	17. RESIDENTIAL ADDRESS	045 N/A
8. WEIGHT (kg)	50		House/Block/Lot No. Street
9. BLOOD TYPE	A+		N/A MAHAYAG
10. GSIS ID NO.	N/A		Subdivision/Village Barangay
11. PAG-IBIG ID NO.	121319577418	ALBUERA LEYTE	City/Municipality Province
12. PHILHEALTH NO.	13-250286187-9	ZIP CODE	6542
13. SSS NO.	06-4580655-9	18. PERMANENT ADDRESS	N/A N/A
14. TIN NO.	643287651		House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	N/A		N/A MAHAYAG
			Subdivision/Village Barangay
		ALBUERA LEYTE	City/Municipality Province
		ZIP CODE	6542
19. TELEPHONE NO.	N/A		
20. MOBILE NO.	0975 149 0433		
21. E-MAIL ADDRESS (if any)	iramigo44@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	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	AMIGO			
FIRST NAME	PERCIVAL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MANDRAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	PACAÑA			
FIRST NAME	EMELITA			
MIDDLE NAME	DUMAY		(Continue on separate sheet if necessary)	


III. EDUCATIONAL BACKGROUND







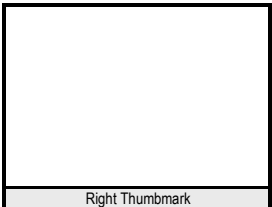
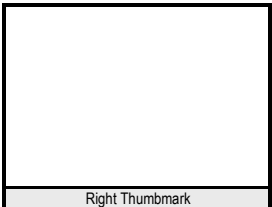
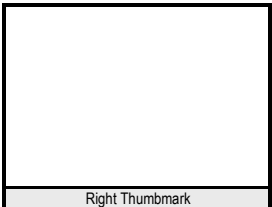
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	MAHAYAG ELEMENTARY SCHOOL	BASIC EDUCATION	07/04/2006	03/30/2012	GRADE 6	2012	VALEDICTORIAN
SECONDARY	DAMULAN NATIONAL HIGH SCHOOL	HUMANITIES AND SOCIAL SCIENCES	07/12/2012	03/09/2018	GRADE 12	2018	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN SOCIAL STUDIES	08/05/2018	08/12/2022	4TH YEAR	2022	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN DEVELOPMENT SOCIOLOGY	01/2024	PRESENT	31 UNITS	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/17/2025
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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		
	Licensure Examination for Teachers	85.6	03/19/2023	Tacloban City, Leyte	2066570	07/10/2023		
	Civil Service Honor Graduate Eligibility	N/A	03/22/2023	CSC RO VIII (Palo, Leyte)	100108230505	08/12/2022		
*****NOTHING FOLLOWS*****								
(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 (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0") INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
	From	To						
	01/17/2025	06/23/2025	Part-time Instructor	Department of Philosophy and Social Sciences - VSU Main	15000.00	N/A	Part-time	Y
	08/12/2024	12/13/2024	Part-time Instructor	Department of Philosophy and Social Sciences - VSU Main	15000.00	N/A	Part-time	Y
	01/15/2024	06/24/2024	Part-time Instructor	Department of Philosophy and Social Sciences - VSU Main	15000.00	N/A	Part-time	Y
	08/16/2023	12/20/2023	Part-time Instructor	Department of Philosophy and Social Sciences - VSU Main	13000.00	N/A	Part-time	Y
	05/15/2023	07/10/2023	Call Center Agent	Foundever	15000.00	N/A	Temporary	N
*****NOTHING FOLLOWS*****								
(Continue on separate sheet if necessary)								
SIGNATURE					DATE		07/17/2025	

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						
(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			
	Seminar-Workshop on Enhancing the Gender and Society Curriculum	03/20/2024	03/20/2024	8 Hours	TECHNICAL	Gender Resource Center
	Building Automated Forms with MS Word and MS Excel	04/06/2024	04/06/2024	8 Hours	TECHNICAL	Department of Information and Communications Technology Region V
	Globe Business E-SKWELA 2024: Navigating the Future of Education Through Digital Innovation	04/30/2024	04/30/2024	4 Hours	TECHNICAL	Globe BUSINESS
	Basic Computer Literacy	04/15/2024	04/25/2024	80 Hours	TECHNICAL	ELTECH LEARNING HUB
	Online Training on the 4Rs of Women and Children Protection (Recognizing, Recording, Reporting, and Referring)	05/01/2024	05/31/2024	Asynchronous	TECHNICAL	Child Protection Network Foundation and National Teacher Training for the Health Professions
*****NOTHING FOLLOWS*****						
(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 (Write in full)	
	DRAWING AND PAINTING				COUNCIL AUDITOR OF CHRIST LUTHERAN CHURCH - MAHAYAG	
	READING BOOKS					
	PLAYING BADMINTON					
*****NOTHING FOLLOWS*****						
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		07/17/2025

<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> <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 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>JAY C. BANSALE</td> <td>BAYBAY CITY, LEYTE</td> <td>0948 976 2630</td> </tr> <tr> <td>MARIA FRENCHIE VI REGINO</td> <td>CEBU CITY, CEBU</td> <td>0933 676 9371</td> </tr> <tr> <td>JOENEL LOU A. TAGALOG</td> <td>ORMOC CITY, LEYTE</td> <td>0969 035 6779</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JAY C. BANSALE	BAYBAY CITY, LEYTE	0948 976 2630	MARIA FRENCHIE VI REGINO	CEBU CITY, CEBU	0933 676 9371	JOENEL LOU A. TAGALOG	ORMOC CITY, LEYTE	0969 035 6779		
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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: 300px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>															