

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 ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	DONOR		
FIRST NAME	JONALYN		NAME EXTENSION (JR., SR)
MIDDLE NAME	AYA-AY		
3. DATE OF BIRTH (mm/dd/yyyy)	4/23/1989	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	MANTAHAN,MAASIN CITY,SO.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 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 PUROK 14 LINAO Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province ZIP CODE 6541
7. HEIGHT (m)	1.57	18. PERMANENT ADDRESS	House/Block/Lot No. Street PUROK 14 LINAO Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province ZIP CODE 6541
8. WEIGHT (kg)	45		
9. BLOOD TYPE	O		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	132531510686		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	291231655	20. MOBILE NO.	09074556994/09056853730
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	jonalynonor1@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	JEROME	NAME EXTENSION (JR., SR)	JOHN MARCO A. DONOR	3/12/2007
MIDDLE NAME	NOVAL			
OCCUPATION	SALESMAN			
EMPLOYER/BUSINESS NAME	PHILIPPINE SPRING WATER RESOURCES,INC.			
BUSINESS ADDRESS	BRGY.COOGON, ORMOC CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	AYA-AY			
FIRST NAME	EULALIO	SR		
MIDDLE NAME	SALAR			
25. MOTHER'S MAIDEN NAME				
SURNAME	PONGASE			
FIRST NAME	GERTRUDES			
MIDDLE NAME	NAPULI		(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	TOMAS OPPUS PILOT SCHOOL		1995	2001	N/A	2001	

SECONDARY	SAINT JOSEPH COLLEGE		2001	2005	N/A	2005	
VOCATIONAL / TRADE COURSE	SAINT JOSEPH COLLEGE	HOUSEHOLD SERVICES NC II	JAN.2009	Jul-09	N/A	2009	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN DEVELOPMENT EDUCATION	2005	2013		2013	
GRADUATE STUDIES	EASTERN VISAYAS STATE UNIVERSITY(ORMOC)	DIPLOMA ON TEACHING SECONDARY	AUG.2017	May-18	18 units		
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		July 20, 2021		

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

<i>(Continue on separate sheet if necessary)</i>							
SIGNATURE				DATE		JULY 20, 2021	

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(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)

<i>(Continue on separate sheet if necessary)</i>		
SIGNATURE		DATE
		JULY 20, 2021

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.
DR.ANTONIA CECELIA Y. SANDOVAL	VSU,BAYBAY CITY	N/A
DANY S. RAMOS	BRGY.GUADALUPE,BAYBAY CITY	09562441559
RUTHLYN P. GORGONIO	BRGY. TAMBULID,ORMOC CITY	9176227031

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.

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

Government Issued ID (i.e.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.: **HO3-15-001753**

Date/Place of Issuance: **ORMOC CITY**

Signature (Sign inside the box)

JULY 20,2021

Date/Place of issuance: **ORANGE CITY**

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath