

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	MORFE		
FIRST NAME	JEWILLYN JOY		NAME EXTENSION (JR., SR.)
MIDDLE NAME	CLOSA		
3. DATE OF BIRTH (mm/dd/yyyy)	3/4/1999	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	JARO, 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	213 CONCEPCION House/Block/Lot No. Street 4 Subdivision/Village Barangay JARO LEYTE City/Municipality Province
7. HEIGHT (cm)	155	ZIP CODE	
8. WEIGHT (kg)	46		
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	213 CONCEPCION House/Block/Lot No. Street 4 Subdivision/Village Barangay JARO LEYTE City/Municipality Province
10. GSIS ID NO.	NONE	ZIP CODE	
11. PAG-IBIG ID NO.	NONE		
12. PHILHEALTH NO.	NONE		
13. SSS NO.	NONE	19. TELEPHONE NO.	N/A
14. TIN NO.	NONE	20. MOBILE NO.	09169671634/09465279503
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	jewillynjoy@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NONE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NONE	NAME EXTENSION (JR., SR.)	NONE	
MIDDLE NAME	NONE			
OCCUPATION	NONE			
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	NONE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	MORFE			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	SORIMA			
25. MOTHER'S MAIDEN NAME	CLOSA			
SURNAME	MORFE			
FIRST NAME	LERNA			
MIDDLE NAME	VALIDA		(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	JARO I CENTRAL SCHOOL LEYTE JARO,	PRIMARY EDUCATION	2005	2011	GRADUATED	2011	WITH HONOR
SECONDARY	NOTRE DAME OF JARO JARO, LEYTE	HIGH SCHOOL	2011	2015	GRADUATED	2015	WITH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE NORMAL UNIVERSITY TACLOBAN CITY	BACHELOR OF SECONDARY EDUCATION MAJOR IN SOCIAL STUDIES	2015	2019	GRADUATED	2019	NONE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	7/15/2022
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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.

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	07/15/2022

James

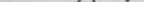
07/15/2022

NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
WE CONNECT: Bridging the Gap Building Relationship (LNU: Interact Society)	01/19/19			Participant
Parish Pastoral Council for Responsible Voting (PPCRV)	5/9/2016			Pollwatcher
Parish Pastoral Council for Responsible Voting (PPCRV)	5/13/2019			Pollwatcher
Youth Formation Program: Catechism Class (St. Matthew Parish Youth Ministry)	6/15/2020	7/31/2020		Facilitator
Linggo ng Kabataan 2020 "Youth Engagement for Global Action	10/6/2020			Participant

VI. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS TRAINING PROGRAMS ATTENDED	
1. Name of the Program	2. Description of the Program
3. Date Attended	4. Location
5. Duration	6. Facilitator(s)
7. Key Takeaways	8. Application to Current Role
9. Additional Comments	

[illegible]

VIII. OTHER INFORMATION

SIGNATURE		DATE	
		07/15/2022	

SIGNATURE

DATE _____

07/15/2022

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? ☐ YES ☒ NO

b. within the fourth degree (for Local Government Unit - Career Employees)? ☐ YES ☒ NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense? ☐ YES ☒ NO

If YES, give details: _____

b. Have you been criminally charged before any court? ☐ YES ☒ 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? ☐ YES ☒ 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? ☐ YES ☒ 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)? ☐ YES ☒ NO

If YES, give details: _____

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? ☐ YES ☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country? ☐ YES ☒ 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? ☐ YES ☒ NO

If YES, please specify: _____

b. Are you a person with disability? ☐ YES ☒ NO

If YES, please specify ID No: _____

c. Are you a solo parent? ☐ YES ☒ NO

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	CP NO.
MR. RYAN G. DESTURA	TACLOBAN CITY	9199133398
MS. ROVIELYN REAGA	JARO, LEYTE	9974721089
MRS. EULALIA GARRIDO	JARO, LEYTE	9187378578

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: PRC ID

ID/License/Passport No. 1849119

Date/Place of Issuance: 01/15/2020 TACLOBAN CITY

Signature (Sign inside the box)

07/22/2022

Date Accomplished



MORFE, JEWILLYN JOY C.

PHOTO



Right Thumbmark

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

Person Administering Oath