

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. PERSONAL INFORMATION

2. SURNAME	PAA		
FIRST NAME	JAMES IAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GILDO		
3. DATE OF BIRTH (mm/dd/yyyy)	4 01 1980	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY CITY	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	NO.2 WEST LANE
7. HEIGHT (m)	1.6	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	57		VILLA INES APITONG
9. BLOOD TYPE	O+		Subdivision/Village Barangay
10. GSIS ID NO.	2003909252		TACLOBAN LEYTE
11. PAG-IBIG ID NO.	1940-0012-0014	City/Municipality Province	
12. PHILHEALTH NO.	12-050443092-3	18. PERMANENT ADDRESS	House/Block/Lot No. Street
13. SSS NO.	NA	ZIP CODE	Subdivision/Village Barangay
14. TIN NO.	942-925-436		City/Municipality Province
15. AGENCY EMPLOYEE NO.	2017-0374		
		19. TELEPHONE NO.	
		20. MOBILE NO.	0949-623-0547
		21. E-MAIL ADDRESS (if any)	jipaa27984@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MARTINEZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	AGNES	NAME EXTENSION (JR., SR)	JAPETH ISHMAEL A. PAA	12 04 2021
MIDDLE NAME	BERBON		JAMES GUALBERT M. PAA	03-13-2013
OCCUPATION	NA		YOHAGN JAMESON M. PAA	2-22-2016
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.				
24. FATHER'S SURNAME	PAA			
FIRST NAME	ARTEMIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CORPIN			
25. MOTHER'S MAIDEN NAME				
SURNAME	GILDO			
FIRST NAME	ISABELITA			
MIDDLE NAME	COÑADO			

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	CAMBITE ELEMENTARY SCHOOL	NA	1987-1988	1988-1989	GRADE II	NA	NONE
ELEMENTARY	V&G DE LA CRUZ MEMORIAL ELEMENTARY SCHOOL	PRIMARY EDUCATION	1987-1988	1992-1993	NA	1993	NONE
SECONDARY	HOLY INFANT COLLEGE	NA	1993-1994	1995-1996	3RD YEAR	NA	NONE
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	1996-1997	1996-1997	NA	1997	NONE
COLLEGE	SILLIMAN UNIVERSITY	BACHELOR OF SCIENCE IN NUTRITION AND DIETETICS	1997-1998	2003-2004	NA	2004	NONE
GRADUATE STUDIES	DR. VICENTE ORESTES ROMUALDEZ EDUCATIONAL FOUNDATION	JURIS DOCTOR	2010-2011	2013-2014	NA	2014	NONE

SIGNATURE		DATE	05-29-2023
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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
	<b>BAR EXAMINATION 2022</b>	<b>78.13</b>	<b>NOVEMBER 9, 13, 16, 20, 2022</b>	<b>PHILIPPINE INTERNATIONAL CONVENTION CENTER</b>	<b>ROLL NO. 86786</b>	<b>5 02 2023</b>
	<b>LICENSURE EXAMINATION FOR NUTRITIONIST- DIETITIANS</b>	<b>77.25</b>	<b>JULY 12-13, 2004</b>	<b>UNIVERSITY OF THE EAST</b>	<b>0011903</b>	<b>7/20/2004</b>

(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 \_\_\_\_\_

05-29-2023



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		
NONE		NA	NA	NA	NA

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

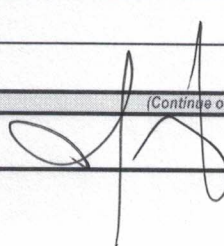
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	NUTRITIONAL RETOOLING UPGRADING ESSENTIALS SERIES 4: REVISITING ORGANIC ACIDURIAS	12 02 2022	12 02 2022	8.0	TECHNICAL	NUTRICIA PHILIPPINES
	67TH NUTRITIONIST-DIETITIANS ASSOCIATION OF THE PHILIPPINES ANNUAL CONVENTION: LEADING WITH IMPACT FAST INNOVATION, AGILITY, SUSTAINABILITY, TRANSFORMATION	02 24 2022	02 25 2022	16.0	TECHNICAL	NUTRITIONIST-DIETITIANS' ASSOCIATION OF THE PHILIPPINES
	67TH NUTRITIONIST-DIETITIANS ASSOCIATION OF THE PHILIPPINES ANNUAL CONVENTION: PRE CONVENTION	2 19 2022	2 19 2022	8.0	TECHNICAL	NUTRITIONIST-DIETITIANS' ASSOCIATION OF THE PHILIPPINES
	POST GRADUATE COURSE: PRESCRIBING ENTERAL FORMULA AND ORAL NUTRITION SUPPLEMENT	10 01 2021	10 01 2021	8.0	TECHNICAL	EAST AVENUE MEDICAL CENTER
	POST CONVENTION SEMINAR: SELF-MANAGEMENT AND SKILLS ENHANCEMENT, CLINICAL NUTRITION UPDATES AND TRENDS IN NUTRITION	02 27 2021	02 27 2021	8.0	TECHNICAL	NUTRITIONIST-DIETITIANS' ASSOCIATION OF THE PHILIPPINES
	COACHING AND MENTORING SEMINAR WORKSHOP	10 21 2021	10 22 2021	16.0	SUPERVISORY	CIVIL SERVICE COMMISSION
	CPD ACCREDITATION OF LEARNING & DEVELOPMENT INTERVENTIONS VIRTUAL ORIENTATION - WORKSHOP	10 13 2021	10 13 2021	8.0	SUPERVISORY	EASTERN VISAYAS MEDICAL CENTER
	38TH DIABETES PHILIPPINES' ANNUAL CONVENTION & SCIENTIFIC SESSIONS	10 10 2021	10 12 2021	24.0	TECHNICAL	DIABETES PHILIPPINES, INCORPORATED
	19TH NEWBORN SCREENING VIRTUAL CONVENTION: TOWARDS A SMART EXPANDED NEWBORN SCREENING PROGRAM	10 06 2021	10 07 2021	16.0	TECHNICAL	NEWBORN SCREENING SOCIETY OF THE PHILIPPINES
	19TH NEWBORN SCREENING VIRTUAL CONVENTION: PRECONVENTION	10 05 2021	10 05 2021	8.0	TECHNICAL	NEWBORN SCREENING SOCIETY OF THE PHILIPPINES
	WEBINAR ON THE NEW FOOD EXCHANGE LIST	9 10 2021	9 10 2021	4.0	TECHNICAL	FOOD AND NUTRITION RESEARCH INSTITUTE
	NUTRITIONAL MANAGEMENT FOR MSUD & FAOD	3 16 2023	3 17 2023	16.0	TECHNICAL	DANONE NUTRICIA PHILIPPINES

(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)
	Cooking, Reading		SERVICE AWARD IN RECOGNITION OF HIS 10 YEARS OF LOYAL GOVERNMENT SERVICE AND COMMITMENT TO EASTERN VISAYAS MEDICAL CENTER		NUTRITIONIST-DIETITIANS' ASSOCIATION OF THE PHILIPPINES
					ALPHA PHI OMEGA INTERNATIONAL
					SERVICE FRATERNITY AND SORORITY
					EASTERN VISAYAS MEDICAL CENTER
					EMPLOYEES ASSOCIATION
					DEPARTMENT OF HEALTH LEAGUE OF NUTRITIONIST-DIETITIANS

(Continue on separate sheet if necessary)

SIGNATURE		DATE	05-29-2023
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<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> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>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: 35%;">NAME</th><th style="width: 35%;">ADDRESS</th><th style="width: 30%;">TEL. NO.</th></tr></thead><tbody><tr><td>SUSANA K. ASIS</td><td>MARASBARAS, TACLOBAN CITY</td><td>9262107191</td></tr><tr><td>ATTY. JAY-B L. TALDE</td><td>PALO, LEYTE</td><td>9167256778</td></tr><tr><td>ATTY. KENNETH SPICE M. DE VEYRA</td><td>ALANG-ALANG, LEYTE</td><td>9171099824</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	SUSANA K. ASIS	MARASBARAS, TACLOBAN CITY	9262107191	ATTY. JAY-B L. TALDE	PALO, LEYTE	9167256778	ATTY. KENNETH SPICE M. DE VEYRA	ALANG-ALANG, LEYTE	9171099824
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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>													
<p>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: <b>PRC</b></p> <p>ID/License/Passport No.: <b>0011903</b></p> <p>Date/Place of Issuance: <b>July 20, 2004/ Manila</b></p>	<div style="border: 1px solid black; padding: 5px; text-align: center;"><p>Signature (Sign inside the box)</p><p><b>05-29-2023</b></p><p>Date Accomplished</p></div> <div style="border: 1px solid black; padding: 5px; text-align: center;"><p>Right Thumbmark</p></div>												
<p>SUBSCRIBED AND SWORN to before me this <b>MAY 29 2023</b>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 80%;">ATTY. NILE APRIL PELERO ROBIN Notary Public for Tacloban City, Leyte (S) Notarial Commission No. 2422, Exp. 30 Roll of Attorneys No. 15201 I.P.P. License No. 176011, Exp. 12-31-24, Leyte Chapter PTR No. 100-000000000-0000000000 AVILA DE VEYRA &amp; ASSOCIATES, Inc. Cor. P. Burgos and Juan Yula Streets, Bldg. 24, Tacloban City</div>													