

## 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	JUMAMOY			
FIRST NAME	JONATHAN		NAME EXTENSION (JR., SR)	
MIDDLE NAME	VANZUELA			
3. DATE OF BIRTH (mm/dd/yyyy)	OCTOBER 2, 1983	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	MAHAPLAG, LEYTE	If holder of dual citizenship, please indicate the details: Philippines		
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street MALINAO Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province	
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:		ZIP CODE 6512	
7. HEIGHT (m)	164M		18. PERMANENT ADDRESS	House/Block/Lot No. Street MALINAO Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province
8. WEIGHT (kg)	60KG			ZIP CODE 6512
9. BLOOD TYPE	O	19. TELEPHONE NO.		N/A
10. GSIS ID NO.	N/A	20. MOBILE NO.	09632656224	
11. PAG-IBIG ID NO.	1211-5702-8555	21. E-MAIL ADDRESS (if any)	jumamoyjonathan01@gmail.com	
12. PHILHEALTH NO.	13-200877586-2			
13. SSS NO.	06-2236455-1			
14. TIN NO.	258-591-471			
15. AGENCY EMPLOYEE NO.	N/A			

### II. FAMILY BACKGROUND

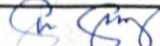
22. SPOUSE'S SURNAME	REMOLLENO		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MICHELLE	NAME EXTENSION (JR., SR)	JOHANN PAOLO R. JUMAMOY	1/1/2009
MIDDLE NAME	EMPRON		PRINCESS JONAMAE R. JUMAMOY	9/1/2013
OCCUPATION	HOUSEWIFE		AJASHA MAE R. JUMAMOY	6/16/2017
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	JUMAMOY			
FIRST NAME	DOMINADOR	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ORCULLO			
25. MOTHER'S MAIDEN NAME				
SURNAME	VANZUELA			
FIRST NAME	EDITHA			
MIDDLE NAME	PANAL			

(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	MALINAO ELEMENTARY SCHOOL	ELEMENTARY GRADUATE	1991	1996	GRADUATED	1996	N/A
SECONDARY	MAHAPLAG NATIONAL HIGH SCHOOL	SECONDARY GRADUATE	1997	2000	GRADUATED	2000	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE COLLEGES TACLOBAN CITY	BACHELOR OF SCIENCE IN CRIMINOLOGY	2000	2006	GRADUATED	2006	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	2/21/2023
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[illegible]

## V. WORK EXPERIENCE

[illegible]

**SIGNATURE**

DATE \_\_\_\_\_

2	4	2023
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WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION'S				
NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
PYAP MAHAPLAG, LEYTE	9/1/2006	9/3/2006	18 HRS	OFFICER
YFC MAHAPLAG, LEYTE	4/10/1997	4/12/1997	18 HRS	MEMBER/ FACILITATOR
CFFI MAHAPLAG, LEYTE	7/27/2013	7/27/2013	8 HRS	MEMBER
LUBAS BAYBAY CITY	12/31/2013	12/31/2013	8 HRS	MEMBER
KABALIKAT ASSISTANCE AT THE CEMETERY OF MAHAPLAG, LEYTE	11/1/2021	11/2/2021	16 HRS	MEMBER
KARANCHO RELIEF GOOD OPERATION AT LIMASAWA ISLAND	12/26/2021	12/26/2021	8 HRS	OFFICER
(Continue on separate sheet if necessary)				

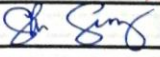
  

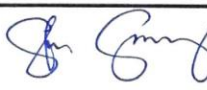
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
Start from the most recent L&D training program and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive/Managerial positions					
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
PYAP LEADERSHIP TRAINING	9/1/2006	9/3/2006	18 HRS	TEHNICAL	DSWD MAHAPLAG, LEYTE
SEMINAR/ LECTURE R.A. 4136	10/9/2007	10/9/2007	8 HRS	TEHNICAL	LTO BAYBAY CITY
DRRM TRAINING /SEMINAR	7/30/2013	8/1/2013	18 HRS	TEHNICAL	MDRRM & LGU MAHAPLAG
WELDING NC-I	1/26/2015	3/2/2015	268 HRS	TEHNICAL	TESDA TACLOBAN
FIRE TRUCK OPERATOR SEMINAR	12/6/2019	12/6/2019	8 HRS	TEHNICAL	SSO AND BFP BAYBAY
CYBER SECURITY TRAINING	12/18/2019	12/19/2019	16 HRS	TEHNICAL	VSU MIS TEAM
BASIC LIFE SUPORT TRAINING/SEMINAR	3/7/2022	3/9/2022	24 HRS	TEHNICAL	VSU HOSPITAL-DOH R08
STANDARD FIRT AID TRAINING/SEMINAR	3/10/2022	3/11/2022	16 HRS	TEHNICAL	VSU HOSPITAL-DOH R08
(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)
COMPUTER SKILLS		PYAP
COMMUNICATION SKILLS		YFC
WELDING		CFFI
DRIVING		KABALIKAT MAHAPLAG, LEYTE
		KARANCHO BAYBAY CITY, LEYTE
(Continue on separate sheet if necessary)		

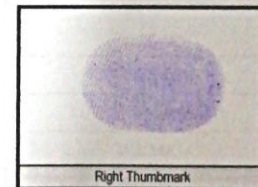
  

SIGNATURE		DATE	2/21/2023
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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department 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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. DANIEL LESLIE S. TAN</td> <td>VSU CAMPUS</td> <td>932685396</td> </tr> <tr> <td>RONALDO T. LLEVE</td> <td>MAHAPLAG, LEYTE</td> <td>9265213177</td> </tr> <tr> <td>DR. DILBERTO O. FERRAREN</td> <td>VSU CAMPUS</td> <td>9266111455</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. DANIEL LESLIE S. TAN	VSU CAMPUS	932685396	RONALDO T. LLEVE	MAHAPLAG, LEYTE	9265213177	DR. DILBERTO O. FERRAREN	VSU CAMPUS	9266111455
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DR. DILBERTO O. FERRAREN	VSU CAMPUS	9266111455											
<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: DRIVER'S LICENSE</p> <p>ID/License/Passport No.: H12-20-000858</p> <p>Date/Place of Issuance: 01/29/2020</p>	<p style="text-align: center;">               Signature (Sign inside the box)  <u>2/21/2022</u>              Date Accomplished           </p>												
<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: 200px; height: 40px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													



PHOTO



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