

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	JACA		
FIRST NAME	JAYCA LYN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PIAMONTE		
3. DATE OF BIRTH (mm/dd/yyyy)	4/23/99	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	BAYBAY CITY	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:		
7. HEIGHT (m)	1.57	17. RESIDENTIAL ADDRESS	ZONE 4 House/Block/Lot No. Street GUADALUPE (UTOD) Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	57	18. PERMANENT ADDRESS	ZONE 4 House/Block/Lot No. Street GUADALUPE (UTOD) Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
9. BLOOD TYPE	B	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A	20. MOBILE NO.	09071154494
11. PAG-IBIG ID NO.	121258312967	21. E-MAIL ADDRESS (if any)	jlp.jaca@gmail.com / jlynp.jaca@vsu.edu.ph
12. PHILHEALTH NO.	12-051610322-7		
13. SSS NO.	N/A		
14. TIN NO.	778-103-082-000		
15. AGENCY EMPLOYEE NO.			

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	JACA			
FIRST NAME	EDWIN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ALBA			
25. MOTHER'S MAIDEN NA				
SURNAME	PIAMONTE			
FIRST NAME	CYNTHIA			
MIDDLE NAME	PARAISO		(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	GUADALUPE ELEMENTARY SCHOOL	PRIMARY EDUCATION	2005	2011		2011	1ST HONORABLE MENTION
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL (VSULHS)	SECONDARY EDUCATION	2011	2015		2015	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRICULTURE (SOIL SCIENCE)	2015	2019		2019	VSU/LIFEBANK SCHOLAR
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS IN SOIL SCIENCE	2021	PRESENT			DOST-ASTHRDP-NSC

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)


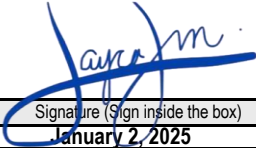
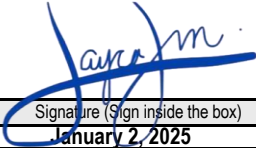
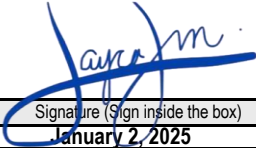
V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	

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			
	COLLEGE OF AGRICULTURE AND FOOD SCIENCE STUDENT SUPREME COUNCIL (CAFS-SSC)	2018	2019		TREASURER	
	VSU GRADUATE STUDENTS' SOCIETY (VSUGSS)	2022	2023		TREASURER	
(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			
	TRAINING ON INTEGRATED NUTRIENT MANAGEMENT	12/13/23	12/13/23	8.0		DEPARTMENT OF SOIL SCIENCE
	TRAINING OF TRAINERS ON FERTILIZERS AND SOIL FERTILITY MANAGEMENT	10/24/23	10/24/23	8.0		DEPARTMENT OF SOIL SCIENCE/ REGIONAL PRISON
	LECTURE SERIES FOR THE ACIAR-SLAM and PCAARRD-PEHM project titled "Managing Heavy Metals and Soil Contaminants in Vegetable Production to Ensure Food Safety and Environmental Health in the Philippines."	3/7/24	3/7/24	4.0		ACIAR-SLAM/ PCAARRD-PEHM
	TRAINING WORKSHOP ON PREPARING MANUSCRIPT FOR PUBLICATION	3/29/23	3/31/23	24.0	SECRETARIAT	VSUGSS/ GRADUATE SCHOOL
	2022 INTERNATIONAL FOOD VALUE CHAIN WEBINAR AND WORKSHOP	9/12/22	9/16/22			ASEAN/MAFF/DA/VSU
	TRAINING WORKSHOP ON STATISTICAL TOOLS AND METHODS FOR DATA ANALYSIS	10/9/24	10/10/24	16.0		ACIAR SLAM/PCAARRD PEHM
	PROFESSORIAL SERIES	3/20/24	3/20/24			VSU GRADUATE SCHOOL
	International Webinar Series on the Current Trends and Critical Role of Sustainable Agricultural Practices in Food Security	9/4/24	9/11/24			CAF - CAPSU Burias/CHED RO6/ASEAN
	Lecture Activity entitled Healthy Soils for Healthy Humans and a Healthy Planet	7/16/24	7/16/24			ACIAR-SLAM/ PCAARRD-PEHM
(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)		
	N/A	N/A		N/A		
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		

<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>													
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>													
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>													
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>													
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details (country):</p> <hr/>													
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <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>DEEJAY M. LUMANAO</td> <td>BALOGO 2, BALOGO, ALBUERA, LEYTE</td> <td>9855898966</td> </tr> <tr> <td>SUZETTE B. LINA</td> <td>VSU, BAYBAY CITY LEYTE</td> <td>9199613922</td> </tr> <tr> <td>KENNETH ORAIZ</td> <td>VSU, BAYBAY CITY LEYTE</td> <td>9351326085</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DEEJAY M. LUMANAO	BALOGO 2, BALOGO, ALBUERA, LEYTE	9855898966	SUZETTE B. LINA	VSU, BAYBAY CITY LEYTE	9199613922	KENNETH ORAIZ	VSU, BAYBAY CITY LEYTE	9351326085	<div style="text-align: center;">  <p>PHOTO</p> </div>
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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>		<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="text-align: center;">Right Thumbmark</p>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>NATIONAL ID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>3294-5179-2136-4039</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>12/30/2023, BAYBAY CITY</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	NATIONAL ID	ID/License/Passport No.:	3294-5179-2136-4039	Date/Place of Issuance:	12/30/2023, BAYBAY CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  </td> </tr> <tr> <td style="text-align: center;"> Signature (Sign inside the box) January 2, 2025 Date Accomplished </td> </tr> </table>			Signature (Sign inside the box) January 2, 2025 Date Accomplished
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Signature (Sign inside the box) January 2, 2025 Date Accomplished														
<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> <div style="border: 1px solid black; width: 250px; margin: 10px auto; text-align: center;"> <p>Person Administering Oath</p> </div>														