

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	LLEVARES		
	FIRST NAME	JAPHET	NAME EXTENSION (JR., SR) N/A
	MIDDLE NAME	BAA	
3. DATE OF BIRTH (mm/dd/yyyy)	09/30/1998	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	MAASIN CITY, SOUTHERN LEYTE		
5. SEX	<input checked="" type="checkbox"/> Male <input 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	N/A
			House/Block/Lot No. Street
			PUROK BUGNAY IBARRA
7. HEIGHT (m)	1.72		Subdivision/Village Barangay
			MAASIN CITY SOUTHERN LEYTE
			City/Municipality Province
8. WEIGHT (kg)	60	ZIP CODE	6600
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	N/A
10. GSIS ID NO.	N/A		House/Block/Lot No. Street
11. PAG-IBIG ID NO.	N/A		PUROK BUGNAY IBARRA
12. PHILHEALTH NO.	1302-5538-5268	ZIP CODE	Subdivision/Village Barangay
			MAASIN CITY SOUTHERN LEYTE
			City/Municipality Province
13. SSS NO.	06-4325513-1	19. TELEPHONE NO.	N/A
14. TIN NO.	746-611-552	20. MOBILE NO.	+63916-157-2540
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	japhettllevaresbaa@gmail.com


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
	MIDDLE NAME	N/A				
OCCUPATION	N/A					
EMPLOYER/BUSINESS NAME	N/A					
BUSINESS ADDRESS	N/A					
TELEPHONE NO.	N/A					
24. ATER'S SURNAME	LLEVARES					
	FIRST NAME	JUAN JANET			NAME EXTENSION (JR., SR) N/A	
	MIDDLE NAME	DALAUTA				
25. MOTHER'S MAIDEN NAME						
	SURNAME	BAA				
	FIRST NAME	DELIA				
	MIDDLE NAME	ORIT				

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	IBARRA ELEMENTARY SCHOOL	PRIMARY EDUCATION	2005	2011	N/A	2011	1ST HONOR
SECONDARY	IBARRA NATIONAL HIGH SCHOOL	HIGH SCHOOL	2011	2015	N/A	2015	VALEDICTO RIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY - MAIN CAMPUS	BS in STATISTICS	2015	2019	N/A	2019	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/28/2020
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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.

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	07/29/2020

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		
	CAVITE STATE UNIVERSITY, DEPARTMENT OF FOOD SCIENCES / BANCOD, INDANG, CAVITE, 4122	04/15/2020	05/22/2020	32	MEMBER / JUICE PROCESSING FOR FRONTLINERS

(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/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	DATA APPRECIATION SEMINAR	10/10/2016	10/10/2016	4	PARTICIPANT	VISAYAS STATE UNIVERSITY
	SEMINAR - WORKSHOP ON OPEN DATA KIT	1/3/2019	1/3/2019	4	PARTICIPANT	VISAYAS STATE UNIVERSITY
	CREATING, ENGAGING, AND INTERACTIVE POWERPOINT PRESENTATION	06/24/2020	06/24/2020	2	PARTICIPANT	CAVITE STATE UNIVERSITY
	TEACHING AND LEARNING IN DISTANCE e-LEARNING MODE OF INSTRUCTION	06/25/2020	06/26/2020	5	PARTICIPANT	CAVITE STATE UNIVERSITY

(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)
	FASHION DESIGNING		2ND PLACER LANDSCAPING CONTEST		VISAYAS STATE UNIVERSITY STATISTICAL SOCIETY
	MURAL PAINTING		REGIONAL LEVEL TOY MAKING CONTEST		GUHIT PINAS - SOUTHERN LEYTE
	POEM WRITING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/29/30
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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)?

☐ YES

☒ NO

☐ YES

☒ 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?

☐ YES

☒ NO

If YES, give details:

☐ 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)?

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:

☐ 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?

b Are you a person with disability?

c Are you a solo parent?

☐ YES

☒ NO

If YES, please specify:

☐ YES

☒ NO

If YES, please specify ID No:

☐ YES

☒ NO

If YES, please specify ID No:

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

NAME	ADDRESS	TEL. NO.
ANAYN A. MOJICA, MAS	Department of Physical Science, Cavite State University, Indang, Cavite	N/A
JASON D. BRAGA, MSc	Department of Food Science, Cavite State University, Indang, Cavite	N/A

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.



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:	06-4325513-1
ID/License/Passport No.:	P3406564B
Date/Place of Issuance:	10-01-2019/ DFA TACLOBAN

Signature (Sign inside the box)	
07/29/2020	
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