Revised 2017	PERSOI	NAL DAT	A SI	1EE					
	ntion made in the Personal Data Sheet and the	Work Experience Sheet s	hall cause th	e filing of a	ministrativ	e/criminal case/s	against the p	erson	
oncemed. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCO	MPLISHING T	HE PDS FO					
	s ( ) and use separate sheet if necessary. Indicate I	N/A if not applicable. DO NOT	ABBREVIATE		1 CS ID No		(Do not fill up	For CSC us	
PERSONAL INFORMATIO				CHOCK STORY					
2 SURNAME	PAPAS			-		NAME EXTENSION (J	R. SP)		
FIRST NAME	JEFFREY						,		
MIDDLE NAME	ALIGADO			_					
DATE OF BIRTH (mm/dd/yyyy)	12/15/1989					Dual Citizenship			
PLACE OF BIRTH	MAASIN CITY	If holder of dual citize	enship,	☐ by birth ☐ by naturalization  Pls. indicate country:				auon	
5 SEX	☑ Male ☐ Female	please indicate the o							
6 CIVIL STATUS	☑ Single ☐ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS	House/BlockLol No.				Street COMBADO		
	Other/s:			ubdivision/Villag	10		Barangay		
7 HEIGHT (m)	1.73	# E		MAASIN CITY City/Municipality		SOUTHERN LEYTE Province			
8 WEIGHT (Ng)	70	ZIP CODE				6600			
BLOOD TYPE	N/A	18, PERMANENT ADDRESS							
0 GSIS ID NO			Ho	ouse/Block/Lot N	b.		Street COMBADO		
	N/A	Marin and	S	ubdivision/Villag			Barangay		
1. PAG-IBIG ID NO	121201999046		MAASIN CITY City/Municipality			SOUTHERN LEYTE Province			
2 PHILHEALTH NO.	130501286762	ZIP CODE	6600						
3 SSS NO	0111-6493885-5	19. TELEPHONE NO.	N/A			N/A			
4. TIN NO.	297-722-689	20. MOBILE NO.	09700535269			700535269	535269		
5 AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		je	ffreypapas	1215@gmail.c	om		
FAMILY BACKGROUN									
2. SPOUSE'S SURNAME	N/A		23. NAME of Ch	HLDREN (Write	full name and	list all)	DATE OF BIRT	TH (mm/di	
FIRST NAME	NA	NAME EXTENSION (JR., SR)		SOFFIE MA	The second		08/23	W2013	
MIDDLE NAME	N/A	The second secon		-					
OCCUPATION	NA								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
A FATHER'S SURNAME	PAPAS	NAME EXTENSION (JR., SR)							
FIRST NAME	RENATO								
MIDDLE NAME	CAÑAS								
5 MOTHERS MAIDEN NAME									
SURNAME	ALIGADO								
FIRST NAME	LILIA					4			
MIDDLE NAME	RESUS			(C	ontinue on se	parate sheet if neces	sary)		
II. EDUCATIONAL BACK	GROUND								
6 LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGR	EE/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVELY UNITS EARNED	YEAR	SCHOL	
	(Write in full)	(Write in full)		From	То	(if not graduated)	GRADUATED	HON	
ELEMENTARY	KAILGAYAHAN ELEMENTARY SCHOOL	PRIMARY EDUCA	ATION	1996	2002	GRADUATED	2002	N	
SECONDARY	LAGRO HIGH SCHOOL	SECONDARY EDUCATION		2002	2004	N/A	N/A	N	
SECONDARY	MAASIN NATIONAL VOCATIONAL HIGH SCHOOL	SECONDARY EDUCATION		2004	2006	GRADUATED	2006	4th H	
VOCATIONAL/	N/A	N/A		N/A	N/A	N/A	N/A	N	
TRADE COURSE COLLEGE	SAINT JOSEPH COLLEGE	BS COMMERCE			2008				
COTTEGE	MAASIN CITY COLLEGE	BS PUBLIC ADMINIS		2006		GRADUATED	N/A	N	
			TRATION	2008	2011	GRADUATED	2011	N	
GRADUATE STUDIES	NA C	Onlinue on separate sheet if nec	essaryl	N/A	N/A	N/A	NA	N	
SIGNATURE	1 4			D	ATE		05/22/2025		
			to be a second					d 2017), Pa	



IVIL SER	RVICE ELIGIBII	LITY			· ·				
CAREER	SERVICE/RA 1080	(BOARD/ BAR) UNDER	RATING	DATE OF	PLACE OF EXAMINA	TION LOOKERD	MENT	LICENSE (if ap	
BARA	SPECIAL LAWS/ ANGAY ELIGIBILITY	/ CES/ CSEE / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TOTT CONFER	WEHL	NUMBER	Dat Vali
CIVI	IL SERVICE EX	AMINATION	82.96	MARCH 2, 2025	2025 MAASIN CITY, SOUTHERN LEYTE				
									-
									-
VORK E	XPERIENCE		(0	ontinue on separate sheet If	necessary)	15050			
ude priva		Start from your recen	it work) Descripti	on of duties should be	indicated in the attach	ed Work Expe	SALARYI JOBY PAY		
	To	POSITION 1 (Write in full/Do no			CY / OFFICE / COMPANY o not abbreviate)	MONTHLY SALARY	GRADE (# applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SER (Y
2013	2024	WAREHOUSE SI	JPERVISOR	RVDI DISTRIBI	JTOR COMPANY	P 15,600.00	N/A	REGULAR	
2012	2013	MERCHAN	DISER	FOOTSTARA	METRO HYPER	P 11,700.00	N/A	CONTRACT	N
2011	2012	SALES C	LERK	METRO HY	METRO HYPER MARKET			CONTRACT	N
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The same						Market			
	Table 1				Walter Street	Harrier I		111110	
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1/34	130 - 341			100	1 49-14				
		Attu-							
1				<b> </b>					
	TURE		Į(	ontinue on separate sheet if	necessary)  DATE				

NAME & ADDRESS OF ORG	MIZATION	INCLUSIV				
(Write in full)		(mm/dd	To	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		N/A	N/A	N/A		N/A
					T A	
	Li O					
		in the second			W. C.	
		nfinue on separate s		)		
LEARNING AND DEVELOPMENT (L&D)	NTERVENTIONS TRAINING I	THE PERSON NAMED IN COLUMN	CONTRACTOR AND DESCRIPTION			and the second second
TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)	VENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
BASIC COMPUTER LIT	ERACY	04/01/2025	To 04/17/2025	120.0	TECHNICAL	GARALDE TECHNOLOGICAL DEVELOPMI STUDIES, INC
GOOD WAREHOUSE PRACTIC	ES SEMINAR	03/16/2024	03/16/2024	8.0	TECHNICAL	AKIVA HOLDINGS
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		N A.M			La Line	
The second secon						
NAME OF TAXABLE PARTY.						
OTHER MEAGUATION	(Co	ontinue on separate	sheet if necessar	V)		
OTHER INFORMATION  SPECIAL SKILLS and HOBBIES	32 NC	N-ACADEMIC DISTIN		GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT
formation and Communications Technology	32. (Write in full)					33. (Write in full) N/A
(ICT) Skills VIDEO EDITING	N/A N/A					N/A
GAMING/STREAMING	N/A				N/A	
The second second			tenga egy i			
S 10 Miles		onlinue on separale	sheet if necessar	(v		
SIGNATURE	1	on separate			ATE	05/22/2025

he you related by consanguinity or affinity to the pointing chief of bureau or office or to the person who has immediately bureau or Department where you will be appointed,						
a. within the third degree?	☐ YES ☑ NO					
b. within the fourth degree (for Local Government Unit - C	☐ YES ☑ NO If YES, give details:					
35. a. Have you ever been found guilty of any administrative of	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 court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, (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 of Barangay election)?	☐ YES     Ø NO If YES, give details:					
b. Have you resigned from the government service during election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:					
39. Have you acquired the status of an immigrant or permand	☐ YES ☑ NO If YES, give details (country):					
<ol> <li>Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897</li> </ol>						
Are you a member of any indigenous group?	☐ YES ☑ NO					
A		If YES, please specify:  ☐ YES ☑ NO				
Are you a person with disability?	Are you a person with disability?					
Are you a solo parent?	If YES, please specify ID No:  ☐ YES ☑ NO If YES, please specify ID No:					
41. REFERENCES (Person not related by consanguinity or affinity to applic	ant lappointee)		Ť.			
NAME	ADDRESS	TEL. NO.				
STARLANE L. DAYAP	BAYBAY CITY	9606559397				
JAMES ANOBLING	HILONGOS	9945174948				
LILIA PAPAS	MAASIN CITY	9362707384				
42. I declare under oath that I have personally accomplis complete statement pursuant to the provisions of pe Philippines. I authorize the agency head/authorized repn agree that any misrepresentation made in this diadministrative/criminal case/s against me. Government Issued ID (ie Passport, GSIS, SSS, PRC, Driver's License, etc.)	rtinent laws, rules and regulations of the esentative to verify/validate the contents state	Republic of the d herein.	PHOTO			
PLEASE INDICATE ID Number and Date of Issuance	1 1					
Government Issued ID: Driver's License						
ID/License/Passport No.: H05-19-001307	x)					
Date/Place of Issuance: Maasin City	Date Accomplished	F	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	ATTY, EDEN B. COMMITTEE OF LEVIC.	g his/her/validly issued government ID as	s indicated above.			
Doc. No. 373	Notarial Commission No B-23-	2-07				
Page No.	Hntil December 11, 2025 MCLE Compliance No. VIII-0011446-Valid t					
Series of	PTR No. Bc0326357, 01/02/ IBP O.R. No. 492541-01/02/ Person Administering Qal					
	Person Administering Qal Attorney's Roll No. 42391					
	R. Magsaysay Avenue, Baybay Ci	y, Leyte cs FC	ORM 212 (Revised 2017), Page 4			