

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	FERNANDICO		
FIRST NAME	JOHN LLOYD	NAME EXTENSION (JR., SR)	
MIDDLE NAME	NOPAL		
3. DATE OF BIRTH (mm/dd/yyyy)	07/15/2003	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	ORMOC CITY	If holder of dual citizenship, please indicate the details.	
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	276 M. MORAZA ST House/Block/Lot No. Street N/A ZONE 18 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.59		
8. WEIGHT (kg)	75	ZIP CODE	
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	276 M. MORAZA ST House/Block/Lot No. Street N/A ZONE 18 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09975188942
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	lloydfernandico@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	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	FERNANDICO		N/A	N/A
FIRST NAME	FELIZARDO	NAME EXTENSION (JR., SR) JR	N/A	N/A
MIDDLE NAME	GLORIA		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	NOPAL		N/A	N/A
FIRST NAME	MANUELA		N/A	N/A
MIDDLE NAME	ALAO		(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	BAYBAY I CENTRAL SCHOOL	PRIMARY EDUCATION	06/13/2009	03/25/2015	GRADUATED	2015	11TH HONOR
SECONDARY	BAYBAY NATIONAL HIGHSCHOOL	HIGH SCHOOL-SPECIAL PROGRAM IN THE ARTS	08/15/2015	03/17/21	GRADUATED	2021	WITH HIGH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS	BACHELOR OF SECONDARY EDUCATION- MAJOR IN SOCIAL STUDIES	08/16/21	01/07/2425	GRADUATED	2025	MAGNA 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	07/17/2025
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE	DATE
	07/27/2025

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator(s)	
7. Topics Covered	
8. Key Takeaways/Learnings	
9. Application to Current Role	
10. Overall Rating (1-5)	

[illegible]

(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)
	WRITING		SONG WRITER FOR SCUAA 2023		HANDURAW (FORMER)
	TRANSCRIBING		N/A		N/A

Continue on separate sheet if necessary.

SIGNATURE	DATE
	07/17/2025

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.
JAY C. BANSALÉ	BAYBAY CITY, LEYTE	9489762630
EUNICE B. GARCIA	BAYBAY CITY, LEYTE	9606768054



PHOTO

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.

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.: **4250-3583-2430-5146**

Date/Place of Issuance: **11/16/2022**

Signature (Sign inside the box)
Date Accomplished: **07/17/2025**



Right Thumbmark

SUBSCRIBED AND SWORN to before me this **17** **2025**

ATTY. EDEN SCHAVEZ-BUTANAN

Notary Public for the Province of Leyte, City of Baybay

Notarial Commission No. B-23-12-07

Until December 31, 2025

MCLE Compliance No. VIII-0011446-Valid until April 14, 2028

PTR No. Bc0326357, 01/02/25

Personal ID No. 402541, 01/02/25

TIN No. 207-628-029

Attorney's Roll No. 42391

R. Magsaysay Avenue, Baybay City, Leyte

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