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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM 1. CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. SABLAS 2 SURNAME JOVEL YN FIRST NAME MIDDLE NAME ALKUINO 3. DATE OF BIRTH 16 CITIZENSHIP 02/27/1985 ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization BAYBAY CITY LEYTE If holder of dual citizenship, Pls. indicate country: 4. PLACE OF BIRTH please indicate the details ☐ Male ✓ Female 5. SEX SITIO SAN ISIDRO N/A 17. RESIDENTIAL ADDRESS ✓ Married Single 6 CIVIL STATUS House/Block/Lot No Street Widowed Separated N/A KII IM Other/s: Subdivision/Village Barangay BAYBAY CITY LEYTE 7. HEIGHT (m) 1.5 City/Municipality Province 6521 8. WEIGHT (kg) 50 ZIP CODE N/A SAN ISIDEO 18. PERMANENT ADDRESS 0+ 9. BLOOD TYPE Street House/Block/Lot No KILIM N/A 10. GSIS ID NO. N/A Subdivision/Village Barangay LEYTE BAYBAY CITY 11. PAG-IBIG ID NO. 12-1005775874 City/Municipality Province 6601 130501185877 12. PHILHEALTH NO. **7IP CODE** 0630830491 N/A 19. TELEPHONE NO. 13. SSS NO. 09199317998 14. TIN NO. 424858816 20. MOBILE NO jovelyn.navales@vsu.edu.ph N/A 15. AGENCY EMPLOYEE NO. 21 F-MAIL ADDRESS (if any) DATE OF BIRTH SABLAS 23. NAME of CHILDREN (Write full name and list all) 22. SPOUSE'S SURNAME (mm/dd/yyyy) **KENJO SCARLET A. SABLAS** 12/31/2016 FIRST NAME KEVIN KEVI A. SABLAS 01/27/2020 **OMILLON** MIDDLE NAME **PUMB MASTER** OCCUPATION EMPLOYER/BUSINESS NAME PETRON **CANDADAM BAYBAY CITY LEYTE BUSINESS ADDRESS** N/A TELEPHONE NO **ALKUINO** 24. FATHER'S SURNAME MATIAS FIRST NAME **GUMBA** MIDDLE NAME 25. MOTHER'S MAIDEN NAME **NAVALES** SURNAME LOLITA FIRST NAME MIDDLE NAME **PARAISO** (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL YEAR PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC UNITS EARNED LEVEL (Write in full) (Write in full) HONORS (if not graduated) LIATED RECEIVED From To 1998 ATH HONOR ELEMENTARY KILIM ELEM SCHOOL PRIMARY FOLICATION 1994 1998 2002 2002 N/A BAYBAY NATIONAL HIGH SCHOOL SECONDARY EDUCATION 1998 SECONDARY VOCATIONAL / COMMERCIAL COOKING 2012 2012 NCII FCIC 2012 TRADE COURSE VISAYAS STATE UNIVERSITY BACHELOR OF SCIENCE IN AGRIBUSINESS 2003 2021 2021 DIPLOMA COLLEGE APRIL 21, 2020 DATE SIGNATURE

V. CIVIL		080 (BOARD/ BAR) UNDER	215	DATE OF				LICENSE (if applicat	ole)
CDECIAL LAWISI CESI CSEE RATING			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
DRIVER'S LICENSE 70.0			02/07/2017	BAYBAY CITY	BAYBAY CITY LTO			27/02/20	
CSC SUB-PROF 80.7		80.7	AUG.11,2024	TACLOBAN					
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		A200.			3				
	EXPERIENC			(Continue on separal		tteebed M	lost Evan	ia a a short	
	The second secon	nent. Start from your re	cent work) De	scription of duties s	hould be indicated in the a	ingleinge T	JOB/ PAY	rence sneet	
	USIVE DATES Im/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGE (Write in ful	MONTHLY SALARY	GRADE (if applicable) & STEP (Format	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)	
/24/2023	Present	ADDRC		DEPARTMENT OF ANIM	12000.00	N/A	JOB ORDER	N	
4/09/2014	11/30/2014	SALES STA	FF	PANNYS HOMEBAKE BAKESHOP		7000.00	N/A	PERMANENT	N
4/16/2012	10/30/2012	QUALITY CONTROL	JCASHIER	MANG INASAL BAYBAY		7000.00	N/A	CONTRACTUAL	N
	07/30/2011	QUALITY CON		MANG INASAL BAYBAY		7000.00	N/A	CONTRACTUAL	N
3/17/2007	07/30/2010	INVENTOR	tY	RJET MARKETING		5000.00	N/A	PERMANENT	N
/16/2005	2/28/2006	PHOTOCOP	IER	MARNELS PHOTOCOPY		5000.00	N/A	PERMANENT	N
2/10/2004	11/28/2004	SALES LADY		STOP OVER BAKESHOP BAYBAY/KANANGA		1200.00	N/A	PERMANENT	N
05/01/2002	05/30/2002	CLERK/UTILITY/MESSENGER		BAYBAY MUNICIPAL		6500.00	N/A	SUMMER JOB	Y
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	IATURE		do	(Continue on separa	ate sheet if necessary) DATE	A	PR 11	, 21, 2025	7

VI. VOLUNTARY WORK OR INVOLVEMENT IN	N CIVIC / NON-GOVERNMENT	/PEOPLE/	VOLUNTARY	ORGANIZATIO	N/S		
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
			From To	The state of			
N/A				N/A			
ollyligh, i	a Tak III					,	
			1				
VII. LEARNING AND DEVELOPMENT (L&D) I		on separate she					
(Start from the most recent L&O/training program and include				Chief Executive Man		itions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTER	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS		INCLUSIVE DATES OF ATTENDANCE		LD	Type of LD CONDUCTED/ SPONSORED BY	
(Write in full)		(mm/dd/yyyy) From To		NUMBER OF HOURS	Manageri al/	(Write in full)	
Basic Records and Archives Management (BRAM)			07/31/2024	16.0	Superviso	RECORDS	
Privacy Impact Assessment (PIA)			07/29/2024	8.0		RECORDS	
Financial Transactions Forum		07/29/2024	03/20/2024	8.0		HRMOIACC	
Unlocking Excellence: The 5s Revolution for Clerks and	d Heads at Visayas State University	11/29/2023	11/29/2023	8.0		VSU PRESIDENT	
HRIS Software Onboarding		12/06/2023	12/06/2023	4.0	\Box	HRMO	
DBM and SABS Orientation Seminar		10/14/2018	10/14/2017		\vdash	SABS President	
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Tribut ter	R III						
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and the second			1	1			
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		T BE					
	(Continue	e on separate sh	eet if necessary)		and the		
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COSTUMER SERVICE	N/A				SOCIETY OF AGRIBUSINESS STUDENTS		
ADMINISTRATIVE SERVICE MANAGEMENT							
BASIC COMPUTER	(4 m/86)						
OCUMENT AND RECORDS MANAGEMEN		1 5					
	(Cog lings	on separate sh	eet if necessary)	T	. 1	ADDU AL AGOS	
SIGNATURE	toler	J		DATE		APRIL 21,2025 CS FORM 212 (Revised 2017), Page 3 of	

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	supervision over you in the Office,	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative offe	If YES				
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:				
	Have you ever been convicted of any crime or violation of an regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	☐ YES				
38.	a. Have you ever been a candidate in a national or local election Barangay election?	YES VO NO If YES, give details:				
	b. Have you resigned from the government service during the last election to promote/actively campaign for a national or least	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? 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 consanguintly or affinity to applicant	nt /appointee)				
L	NAME	ADDRESS	TEL. NO. 9070181218			
	JADE DHAPNEE Z. COMPENDIO	Visca, Baybay City, Leyte		(6.5)		
42	2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this doc administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the conte	nts stated herein.	JEVELYN N. ALKUNO		
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: DRIVERS LICENSE	Alfra				
	ID/License/Passport No.: H12-17-003713	Signature (Sign inside	the box)			
Consumption	Date/Place of Issuance: BAYBAYCITY LEYTE	Date Accomplish		Right Thumbmark		
-	SUBSCRIBED AND SWORN to before me this	affiant ex	hibiting his/her validly issued go	overnment ID as indicated above.		
		Person Administering	Oath			