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						1. CS ID No.		(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATIO	N									
2. SURNAME	DAYANDAYAN									
FIRST NAME	JAMES RAY NAI						NAME EXTENSION (JR	AME EXTENSION (JR., SR)		
MIDDLE NAME	DIPUTADO									
3. DATE OF BIRTH (mm/dd/yyyy)	7/10/2000		16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☐ by birth ☐		□ by naturalization			
4. PLACE OF BIRTH	ALBUERA, I	If holder of dual citizer	If holder of dual citizenship,			Pls. indicate country:				
5. SEX	,		please indicate the de	details.					•	
6 CIVIL STATUS	☑ Single		17. RESIDENTIAL ADDRESS	House/Block/Lot No. Subdivision/Village				Street BINOG Barangay		
7. HEIGHT (m)	1.76				ISABEL City/Municipality			LEYTE Province		
8. WEIGHT (kg)	65		ZIP CODE		6539					
9. BLOOD TYPE	A		18. PERMANENT ADDRESS							
10. GSIS ID NO.				House/Block/Lot No. Subdivision/Village			Street BINOG Barangay			
11. PAG-IBIG ID NO.	121303199	9705			ISABEL			LEYTE		
12. PHILHEALTH NO.	13-250548045-0		ZIP CODE	City/Municipality 65			6539	Province 6539		
13. SSS NO.	06-4839576-6		19. TELEPHONE NO.							
14. TIN NO.	613-640-576		20. MOBILE NO.			09				
15. AGENCY EMPLOYEE NO.			21. E-MAIL ADDRESS (if any)	jamesray958@gmail.com						
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME				23. NAME of CHI	LDREN (Write	full name and	list all)	DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME			NAME EXTENSION (JR., SR)							
MIDDLE NAME										
OCCUPATION										
EMPLOYER/BUSINESS NAME										
BUSINESS ADDRESS										
TELEPHONE NO.										
24. FATHER'S SURNAME		DAYANDAYAN								
FIRST NAME	ROEL		NAME EXTENSION (JR., SR)							
MIDDLE NAME		BALLACAR								
25. MOTHER'S MAIDEN NAME										
SURNAME		DIPUTADO								
FIRST NAME		NANCY								
MIDDLE NAME	FERRAREN				(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKGI	ROUND									
26. LEVEL	NAME OF SC (Write in fi		BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	BINOG ELEMENTA	RY SCHOOL			2006	2012			WITH	
SECONDARY	MATLANG NATIONAL HIGH SCHOOL			2012		2018			HONOR	
VOCATIONAL / TRADE COURSE										
COLLEGE	PALOMPON INSTITUTE OF TECHNOLOGY		BS IN ELECTRICAL ENGINEERING		2018	2022				
GRADUATE STUDIES										
		(C	ontinue on separate sheet if nece	essary)						
SIGNATURE					DA	TE		May 30, 2024		

IV. CIVIL SERVICE EL	IGIRII ITY							
	A 1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	oplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of Validity
	CE EXAMINATION		3/26/2024	ORMOC C	ITY, LEYTE			
LICENSURE	FRICAL ENGINEERING EXAMINATION		04/24-25/2024	CEBU	CEBU CITY			
	ELECTRICIAN LICENSURE		4/26/2024	CEBL	CEBU CITY			
DRIVER'S LICEN	SE EXAMINATION		4/6/2022	PALOMPO	ON, LEYTE			

V. WORK EXPERIENC			ntinue on separate sheet				_	
	nent. Start from your recen	t work) Descriptio	n of duties should b	e indicated in the attach	ed Work Exp	SALARY/JOB/PAY	t.	
28. INCLUSIVE DATES (mm/dd/yyyy) From To	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
7/21/2022 12/31/2022	ADMINISTRATI	VE AIDE I	VISAYAS STATE	UNIVERSITY - ISABEL	553. 40 Daily	J. Contest	JOB ORDER	Y
1/1/2023 10/31/2023	ADMINISTRATI	VE AIDE I	VISAYAS STATE	UNIVERSITY - ISABEL	603.40 Daily		JOB ORDER	Υ
	1							
	1							
		(Con	ntinue on separate sheet	if necessary)				
SIGNATURE				DATE		May 30, 202	4 S FORM 212 (Revised 2)	0.470

VI. VOLU	UNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/	VOLUNTARY	ORGANIZATIO	DN/S		
29.	NAME & ADDRESS OF C			IVE DATES				
	(Write in ful	1)	From	dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
	PHILIPPINE RED CROSS - LEYTE CHAPTER			PRESENT			VOLUNTEER	
	INSTITUTE OF INTEGRATED ELECTRICAL ENGINEERS - PIT			2022			STUDENT	
VII. LEA	ARNING AND DEVELOPMENT (L&D,			sheet if necessary	()	_		
30.				E DATES OF NDANCE dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
BASIC OC	CUPATIONAL SAFETY AND HEALTH TRAI	NING FOR SAFETY OFFICER I	From 8/18/2022	8/18/2022	10.0		VISAYAS STATE UNIVERSITY - ISABEL	
	EMERGENCY FIRST AID AND BASIC L	IFE SUPPORT TRAINING	9/10/2023	9/10/2023	10.0		PHILIPPINE RED CROSS - LEYTE CHAPTER	
EL	ECTRICAL FIRE SAFETY STANDARDS AN INSTITUTIONAL AND COMMER		3/15/2022	3/15/2022	10.0		PALOMPON INSTITUTE OF TECHNOLOGY	
	BASIC FIRE SAFETY TECHNIQUE USI		6/14/2023	6/14/2023	10.0		VISAYAS STATE UNIVERSITY - ISABEL	
VIII. OTI	HER INFORMATION	(Con	tinue on separate	sheet if necessary	()			
31.	SPECIAL SKILLS and HOBBIES	32. NON		INCTIONS / RECOC	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	BILLIARDS		(****	te iii idii)			(White in ton)	
	BASKETBALL							
	VIDEO GAMES							
		+						
		(Con	tinue on separate	sheet if necessary	<i>(</i>)			
	SIGNATURE					ATE	May 30, 2024	

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 appointed,						
	a. within the third degree?	☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit - Ca	areer Employees)?	☐ YES ☑ NO				
		If YES, give details:					
35.	a. Have you ever been found guilty of any administrative of	☐ 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 law, decree, ordinance or regulation	☐ YES ☑ NO	<u> </u>			
00.	by any court or tribunal?	. , ,	If YES, give details:	J			
				_			
37.	Have you ever been separated from the service in any of t		☐ YES ☑ NO	0			
	retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	·	If YES, give details:				
38.	A. Have you ever been a candidate in a national or local el Barangay election)?	lection held within the last year (except	☐ YES ☑ 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 permaner	nt resident of another country?	☐ YES ☑ NO				
			If YES, give details (country):				
40	Discount to (a) Indiana and Devalue Ant (DA 0274), (b) MA	Corto for Disabled Descore (DA					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M-7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972						
a.	Are you a member of any indigenous group?	· · ·	☐ YES ☑ NO				
h	Annual of the state of the stat		If YES, please specify:				
b.	Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:				
C.	Are you a solo parent?		☐ YES ☑ NO				
			If YES. please specify ID No	D:			
41.	REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)					
	NAME	ADDRESS	TEL. NO.				
				THE PARTY OF THE P			
40							
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of perting						
	Philippines. I authorize the agency head/authorized rep	presentative to verify/validate the contents	s stated herein.				
	I agree that any misrepresentation made in this do administrative/criminal case/s against me.	ocument and its attachments shall caus	se the filing of	PHOTO			
	administrative/orninial case/s against me.						
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	1					
ΙF	LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: DRIVER'S LICENSE	N/2					
l H							
l ⊩	/License/Passport No.: H10-22-300057	ox)					
D	ate/Place of Issuance: 4/6/2022		Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued govern	nment ID as indicated above.			
	Г						
	1						
	1						
		Person Administering Oat	h				