CS Form No Revised 2017				ONAL DAT			in order				
READ THE ATT	ACHED GUIL appropriate bo	DE TO FILLING OUT	THE PERSONAL DATA	nd the Work Experience Sheet SHEET (PDS) BEFORE ACCC icate N/A if not applicable. DO NO	MPLISHING THE P				For CSC use only)		
2. SURNAME		De la Cruz									
FIRST NAME	James.K.										
MIDDLE NAME		Mariaca								1	
3. DATE OF BIRTH (mm/dd/yyyy)				16. CITIZENSHIP		Filipino	☐ Dual C	ütizenship			
4. PLACE OF BIRTH	02/12/2000 Tabgas Albuera L	eute	If holder of dual citiz	enship.			birth by national by national by birth by national by national by national birth birth by national birth birth birth by national birth bir	uralization			
5. SEX		✓ Male ☐ Female		please indicate the	details	hilippines					
6 CIVIL STATUS		✓ Single	Married	17. RESIDENTIAL ADDRESS		N/A		N/A			
		☐ Widowed ☐ Other/s:	Separate	d		N/A	Service of the Service	Street N/A	MULICAG		
7. HEIGHT (m)	BURNET TO	1.61m	THOM THE SECTION TO	O PERSONAL PROMISE STREET	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sion/Village N/A	PROBLEM ST	Baranga N/A			
8. WEIGHT (kg)		50 kg		ZIP CODE		lunicipality	N/A	Provinc	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
9. BLOOD TYPE		30 kg B+	or), ythre	18. PERMANENT ADDRESS		NA		NA			
	rdn.	400.0	cor yneie			e/Block/Lot No.		Street Tabgas			
10. GSIS ID NO.	Time I	V/A	PE	ni i Healthy Fi		ision/Village Ibuera	T104	Baran Leyte	Barangay Levte		
11. PAG-IBIG ID NO.	1	21325814732				City/Municipality			Province		
12. PHILHEALTH NO.	1:	32529377812		ZIP CODE		6542					
13. SSS NO.	N/	A		19. TELEPHONE NO.			N/A	4			
14. TIN NO.	63	591553200000	+	20. MOBILE NO.	09062462754						
15. AGENCY EMPLOYEE NO.	N/A	1		21. E-MAIL ADDRESS (if any)	delacruzjain	nejr12@g	mail.com				
II. FAMILY BACKGRO	OUND										
22. SPOUSE'S SURNAME	N/A				23. NAME of CHILD	OREN (Write ful	I name and list	all) DA	TE OF BIRTH (mr	m/dd/yyyy)	
FIRST NAME	N/A			NAME EXTENSION (JR., SR) N/A	N/A				N/A		
MIDDLE NAME	N/A										
OCCUPATION	N/A										
EMPLOYER/BUSINESS NA										1	
BUSINESS ADDRESS	N/A										
	N/A										
TELEPHONE NO.					-						
24. FATHER'S SURNAME		Cruz		NAME EXTENSION (JR., SR)						- 1	
FIRST NAME	Jaim	8									
MIDDLE NAME	Ano										
25. MOTHER'S MAIDEN NAME	-		The second second								
SURNAME	Maria	ca									
FIRST NAME	Menda										
MIDDLE NAME	Berdej	o				(Co	ntinue on sep	arate sheet if neces	sary)		
III. EDUCATIONAL BACK	GROUNE)									
26. LEVEL		NAME OF S (Write in		BASIC EDUCATION/DEG (Write in full	Control of the Contro	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY		lorth Central Schoo		Primary Education			04/08/2012	NA	2012	NA	
SECONDARY	A 100 TO	eronimo B. Zaldivar isheries / Visayas S	Memorial School of State University	Senior High School		06/04/2012	05/30/2018	NA	2016	8th honor	
VOCATIONAL / TRADE COURSE	Marine Of	N/A //sayas State University		NA Bachelor of Science in Agriculture Major in Pes		NA	NA	NA	NA	NA	
COLLEGE COLLEGE	visayas St	ate University N/A		Management - Wee		08/13/2018 NA	08/12/2022 NA	NA NA	2022 NA	NA NA	
GRADUATE STUDIES		Ten.	(Co	nntinue on separate sheet if n	ecessary)	NA .	INA	na	NA	NA	
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	SPECIAL LA	1080 (BOARD/ BAR) UNDER WS/ CES/ CSEE ITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATIO	N / CONFERMEN		NUMBER V	aldity
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((mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		SALARY (For	(Format "00-0") INCREMENT	APPOINTMENT	(Y/N)
From 1/20/2023	To 12/27/2023	Part Time Instr	uctor	Visayas	State University	15000.00	50,46	Part Time	Y
/24/2023	06/06/2023	Enumerato		Visayas	State University	3000.00	18	Job Order	Y
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29. N	AME & ADDRESS OF ORGANIZATION (Write in full)	NT / PEOPLE	VOLUME			
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	NIA	From	Vdd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
	N/A	N/A	NA	N/A		
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VII. LEARNING AND DEVELO	OPMENT (L&D) INTERVENTIONS/TRAINING	Ontinue on separat	sheet if necessar	y		
30. TITLE OF LEARNING AND D	DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIN	E DATES OF			The feet of the second
	(Write in full)	ATTE	NDANCE (dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
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AND THE STREET AND	2000 Sept. (1900)	04/26/2023	04/26/2023	2.0	Technical	Department of Horticulture - Visayas State
onforming Science, Innovation and	Vegetable Grafting	04/26/2023	04/26/2023	2.0	Technical	University Department of Horticulture - Visayas State
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the consisting	or recommending authority, or to the		The same of	
34. Are you related by consanguinity or affinity to the appointing 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 appropriately		☐ YES ☑ NO		
a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	er Employees)?	☐ YES ☑ NO		
b. within the fourth degree (for Local Government of the		If YES, give details:		
" f an administrative offer	ense?	☐ YES ☑ NO		
35. a. Have you ever been found guilty of any administrative offer		If YES, give details:		
		☐ YES ☑ NO		
b. Have you been criminally charged before any court?		If YES, give details:		
The state of the s		Date Filed:	and the second second second second second	
		Status of Case/s:		
36. Have you ever been convicted of any crime or violation of an	y law, decree, ordinance or regulation	☐ YES ☑ NO If YES, give details:		
by any court or tribunal?	The state of the s	II I Lo, give dodale.		
. Have you ever been separated from the service in any of the	e following modes: resignation,	✓ YES □ NO		
rotirement dropped from the rolls, dismissal, termination, or	d of term, finished contract or phased	If YES, give details: Resignation	Looking for another	
out (abolition) in the public or private sector? a. Have you ever been a candidate in a national or local elec-	and the second of the second o	☐ YES ☑ NO	Contented Science, Marcheson on	
a. Have you ever been a candidate in a national of local elec- Barangay election)?	0.87 (200.10.70) (200.10.10)	If YES, give details:		
the value resigned from the government service during th	e three (3)-month period before the last	☐ YES ☑ NO		
election to promote/actively campaign for a national or local	Cariuldate?	If YES, give details:		
Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☑ NO		
		If YES, give details (country):		
D 11 4 4 (7) 4 9274). (b) Mag	na Carta for Disabled Persons (RA			
Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	please answer the following items:			
Are you a member of any indigenous group?		☐ YES NO		
		If YES, please specify: ☐ YES ☑ NO		
Are you a person with disability?		If YES, please specify ID No:		
re you a cole parent?		☐ YES ☑ NO		
re you a solo parent?		If YES, please specify ID No:		
FERENCES (Person not related by consanguinity or affinity to applicant	(/appointee)			
NAME	ADDRESS	TEL. NO.		
Flora Mia Y. Duatin	Utod, Baybay City, Leyte	09209835687	36	
	Cayag-ang, Albuera, Leyte	09978405515		
Sataki P. Toledo		09209104366		
Jesus F. Subing-subing	Cogon, Ormoc, Leyte		STA	
declare under oath that I have personally accomplished omplete statement pursuant to the provisions of pertine hilippines. I authorize the agency head/authorized representation made in this documents.	ent laws, rules and regulations of the confesentative to verify/validate the confesentative the confesentative to verify the confesentative the co	tents stated herein.	THEMES IN IN PELA CHIN	
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