## 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 FO<u>rm</u> Print legibly. Tick appropriate boxes 🔲 ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only I. PERSONAL INFORMATION 2 SURNAME COTONER AME EXTENSION (JR., SR) FIRST NAME PREACHER JOHN MIDDLE NAME BRAVO 3. DATE OF BIRTH 16. CITIZENSHIP 01/31/2001 Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: BAYBAY CITY, LEYTE please indicate the details Male Female 5. SEX Single Married 17 RESIDENTIAL ADDRESS 6 CIVIL STATUS Widowed House/Block/Lot No. Separated Other/s: BANAHAD Subdivision/Village 7. HEIGHT (m) BAYBAY CITY LEYTE 1.59 M 8. WEIGHT (kg) 61kg ZIP CODE 6521 18. PERMANENT ADDRESS 9. BLOOD TYPE A Street House/Block/Lot No. 10. GSIS ID NO BANAHAD N/A Subdivision/Village BAYBAY CITY 11. PAG-IBIG ID NO LEYTE 121328276772 12. PHILHEALTH NO 13-250340547-8 ZIP CODE 6521 13. SSS NO 19. TELEPHONE NO. N/A 06-4654142-8 14. TIN NO 20. MOBILE NO. 09632673780 634-792-909-0000 Preacherjohn cotoner@gmail.com 21. E-MAIL ADDRESS (if any) 15. AGENCY EMPLOYEE NO N/A FAMILY BACKGROUND 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/vvvv) H/A NAME EXTENSION (JR., SR) FIRST NAME N/A N/A N/A MIDDLE NAME N/A N/A N/A OCCUPATION N/A N/A N/A EMPLOYER/BUSINESS NAME NA N/A N/A BUSINESS ADDRESS WA N/A N/A TELEPHONE NO N/A NA NIA 24. FATHER'S SURNAME COTONER N/A N/A NAME EXTENSION (JR., SR) FIRST NAME PASTOR N/A N/A JR MIDDLE NAME CADORNA N/A N/A 5. MOTHER'S MAIDEN NAME N/A N/A SURNAME BRAVO IVA N/A FIRST NAME JUANITA IV/A N/A MIDDLE NAME ROBLES (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND SCHOLARSH HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC LEVEL UNITS EARNED (Write in full) HONORS RECEVED (Write in full) GRADUATED From To 3RP HONOR BANAHAD ELEMENTARY SCHOOL FI EMENTARY ELEMEN TARY 2007 2013 2013 N/A SCIENCE, TECHNOLOGY, BAYBAY CITY SENIOR HIGH SECONDARY 2017 2019 2019 N/A 1/4 ENGINEERING AND MATHEMATIC SCHOOL VOCATIONAL / NA WA NA N/A A/M N/A N/A TRADE COURSE BACHELOK OF LULTURE VISAYAS STATE UNIVERSITY 2019 2023 COLLEGE 2023 AND ARTS EDUCATION N/A N/A GRADUATE STUDIES N/A N/A N/A N/A N/A N/A NA Freacher SIGNATURE DATE 01/26/2024

	RVICE ELIGI	and the second s		DATE OF				LICENSE (#	annicable)
ZZ CAREER SERVICE/ RA 1080 (BOARD) BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	EXAMINATION / PLACE OF EXAMINATION CONFERMENT		ATION / CONFE	RMENT	NUMBER	Date of Validity
N/A			A/N	N/A	N/A			4/4	N/A
N/A			AlM	N/A	4/4			NIA	NA
4/4			NIA	4/4	N/A		N/A	AIN	
N/A			N/A	HA	Alu Alu			NA	NA
N/A			A/H	HIA	Aln		N/A	N/A	
N/A			4/10	A/M A/M		ALM		NA	NA
N/A		N/A				NA	NA		
V. WORK E	XPERIENCE	C 120 (120 (120 (120 (120 (120 (120 (120	(C	ontinue on separate sheet it	necessary)				
	ate employme	nt. Start from your recei	nt work) Descript	tion of duties should b	e indicated in the attac	ched Work E.	salaryi Jobi Pay	eet.	
	SIVE DATES n/dd/yyy)	POSITION T		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format '00-07)/	STATUS OF APPOINTMENT	GOVT SERVICI (Y/N)
From	To			COMMUNITY FLONDING		107	INCREMENT	Pro tut T	
	11/30/2023	ENTERPRISE DE DEFILE	K LOPMENT	VENTURES, INC.		10,972		PERMANENT	N
N/A	N/A	N/k		N/A		N/A	N/A	N/A	N/4
N/A	4/14	N/L		N/A		N/A	N/A	N/A	N/A
NA	N/A	N/N		N/ A		N/A	NA	N/A	N/A
N/A	A/N	N/A		NIA		N/A	N/A	N/A	HA
NIA	N/A	N/A		N/A		N/A	NA	N/A	N/A
N/A	N/A	N/A		N/ A		N/A	NA	N/A	N/A
A/A	N/A	NIA		N/A		N/A	N/A	N/A	N/A
N/A	HA	N/A		NIA		N/A	N/A	N/A	NA
H/A	NA	N/A		N/		N/A	N/A	N/A	N/A
NA	MIA	N/A		N/A		N/A	N/A	N/A	N/A
H/A	4/4	N/A		N/A		N/A	N/A	N/A	N/A
H/A	Aln	N/A		N/A		N/A	NIA	N/A	N/A
4/11	A/A	N/A		N/A		N/A	N/A	N/A	N/A
NA	4/4	N/A		N/A		N/A	NA	N/A	IV/A
NA	4/4	N/A		N/A		N/A	NIA	N/A	N/A
4/4	14/4	AIA		N/A		N/A	N/A	N/A	N/A
NIA	N/A	N/A		N/A		N/A	NIA	N/A	N/A
NA	N/A	N/A		N/A		N/A	N/A	N/A	N/A
H/A	N/A	N/A		N/A		N/A	N/A	A/M	N/A
NA	N/A	N/A		N/A		N/A	NA	N/A	N/A
NA	NA	N/A		N/A		N/A	M/A	NIA	NA
N/A	A/N	N/A		N/A		N/A	N/A	AJA	NIA
N/A	N/A	NIA		N/A		N/A	N/A	H/A	NA
N/A	4/4	NIA		N/A		N/A	NA	N/A	NIA
Alm	N/A	N/A		N/A		N/A	N/A	N/A	NIA
N/A	N/A	4/4		N/A		N/A	NA	N/A	NIA
H/A	N/A	N/A	(6	N/A ontinue on separate sheet if necessary)		NIA	414	N/A	NA
SIGNA	TURE	7re	acher.		DATE	1	1/26/20:	2 4	

NAME & ADDRESS OF ORGAN	IZATION		VE DATES				
(Write in full)	(Write in Sul)			NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A		N/A	N/A	N/A		N/A	
WA		N/A	N/A	N/A		N/A	
WA		NA	N/A	N/A		N/A	
NA	921	N/A	N/A	IVA	N/A N/A		
N/A		N/A	IV/A	N/A			
NA		N/A	N/A	N/A			
N/A	100	HIA	N/A	N/A	N/A		
ARNING AND DEVELOPMENT (L&D) INT		ntinue on separate	sheet if necessar				
		INCLUSIVE DATES OF			Type of LD		
TITLE OF LEARNING AND DEVELOPMENT INTERVEY (Write in full)	NTIONS/TRAINING PROGRAMS		IDANCE Id/yyyy)	NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED B (Write in full)	
,		From	To	1.4		N. / A	
N/A		N/A	N/A	N/A	N/A	N/A	
NA		N/A	N/A	N/A	IV/A	N/A	
N/A		N/A	N/A	N/A	N/A	N (A	
N/A		N/A	WA	N/A	N/A	N/A	
WA		N/A	WA	NIA	N/A	N/A	
ŊA		N/A	N/A	NA	N/A	N/A	
U/A		N/A	N/A	NA	N/A	N/A	
N/A N/A N/A N/A N/A N/A		N/A	N/A	N/A	WA	N/A	
		N/A	N/A	N/A	N/A N/A	N/A	
		N/A	NA	NA	N/A	A/U A/U	
		NA		N/A	N/A		
		IV/A	N/A	NA	N/A	N/A H/A	
		N/A	H/A	(V/A	N/A	N/A	
N/A		N/A	NA	N/A	N/A	N/A	
		N/A	NA	N/A	N/A	N/A	
N/A		N/A	µ/A	(V/A	N/A	N/A	
N/A		N/A	N/A	N/A	N/A	N/A	
N/A		N/A	N/A	NA	N/A	N/A	
N/A	di te sianceti a	N/A	N/A N/A	ru/A	N/A	NA	
N/A N/A		W/A	N/A	14/4	N/A	MA	
HER INFORMATION	(Co	ntinue on separate		n			
SPECIAL SKILLS and HOBBIES 32	NO	N-ACADEMIC DISTIL	NCTIONS / RECOG	SNITION		33. MEMBERSHIP IN ASSOCIATION/ORK	
INSTRUMENTALISTS		N/A				N/A	
VISUAL ARTIST		N/			AND THE	N/A	
N/A N/A N/A				N/A			
						N/A	
N/A	N/A				N/A		
N/A	N/A N/A						
4/4		N/	А		N/A		
SIGNATURE	Frencher.	ntinue on separate	sheet if necessary	MANAGEMENT OF THE PARTY OF THE	ATE	01/26/2029	

34.	Are you related by consanguinity or affinity to the appointin 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?	☐ YES ☑	1 NO					
	b. within the fourth degree (for Local Government Unit - Ca	reer Employees)?	The same of the sa	NO .				
35.	a. Have you ever been found guilty of any administrative of	☐ YES ☐ NO If YES, give details:N/A						
	b. Have you been criminally charged before any court?	☐ YES ☐ NO  If YES, give details:  Date Filed: N/A  Status of Case/s: N/A						
36	Have you ever been convicted of any crime or violation of a by any court or tribunal?	☐ YES ☐ NO If YES, give details:N/A						
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, 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 ele Barangay election)?	☐ YES ☐ NO If YES, give details: N/A						
	b. Have you resigned from the government service during election to promote/actively campaign for a national or local	t YES NO If YES, give details: N/A						
39.	Have you acquired the status of an immigrant or permaner	☐ YES ☐ NO If YES, give details (country):  M / A						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	ngna Carta for Disabled Persons (RA n, please answer the following items:						
a.	Are you a member of any indigenous group?	YES If YES, please specify:	☑ NO N/A					
b.	Are you a person with disability?	☐ YES ☐ NO If YES, please specify ID No: N/A						
C.	Are you a solo parent?	☐ YES ☐ NO If YES, please specify ID No: N/A						
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)						
	NAME	ADDRESS	TEL. NO.					
8	ELWIN GARCIA	BRGY. MAITUM, GAYBAY CITY, LEYTE	09380230772	20				
E	DMUND SUYOM	05174	09087074341					
	DMUND SUYOM THONY CHRISTIAN CONDE	BRGY. GUADALUPE, BAYBAY CITY	69 24 7179157					
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized repr I agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the contents	s stated herein.	PREACHER JOHN & COTOMER PHOTO				
9	Sovernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	STATE OF THE STATE		1 /4 /4				
	PLEASE INDICATE ID Number and Date of Issuance Sovemment Issued ID: PHILI PPINE IDENTIFICATION CARP		Will-MA					
Н	O/License/Passport No.: 2865-7495-2980-7168	ox)						
H	hate/Place of Issuance: 09/18/2622		Right Thumbmark					
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.								
	SUBSCRIBED AND SWORN to before me this, amant exhibiting his/her validity assued government to as a second property of the second							
	Person Administering Oath							