

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	VARRON				
FIRST NAME	JESREL			NAME EXTENSION (JR., SR)	
MIDDLE NAME	GARCIANO				
3. DATE OF BIRTH (mm/dd/yyyy)	19/07/1999	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:		
4. PLACE OF BIRTH	BAYBAY CITY, WESTERN LEYTE HOSPITAL				
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	TINAGO			
		House/Block/Lot No. Street			
		PALHI			
		Subdivision/Village Barangay			
7. HEIGHT (m)	1.68 m	ZIP CODE	BAYBAY CITY LEYTE		
8. WEIGHT (kg)	65 kg		City/Municipality Province		
9. BLOOD TYPE	N/A				
10. GSIS ID NO.	N/A				
11. PAG-IBIG ID NO.	121335183230	18. PERMANENT ADDRESS	TINAGO		
12. PHILHEALTH NO.	13-250343308-0		House/Block/Lot No. Street		
13. SSS NO.	N/A		PALHI		
14. TIN NO.	620-920-117-00000		Subdivision/Village Barangay		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	jesrelvarron99@gmail.com		
		19. TELEPHONE NO.			
		20. MOBILE NO.	09368247046		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
	FIRST NAME	N/A NAME EXTENSION (JR., SR)		
	MIDDLE NAME	N/A		
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	VARRON			
	FIRST NAME	RENATO NAME EXTENSION (JR., SR)		
	MIDDLE NAME	BERTES		
25. MOTHER'S MAIDEN NAME				
	SURNAME	VARRON		
	FIRST NAME	ZENAIDA		
	MIDDLE NAME	GARCIANO	(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	PALHI ELEMENTARY SCHOOL	PRIMARY EDUCATION			GRADUATED	2011	NONE
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY EDUCATION			GRADUATED	2016	WITH HONORS
VOCATIONAL / TRADE COURSE	BAYBAY CITY SENIOR HIGH SCHOOL	SENIOR HIGH			GRADUATED	2018	WITH HONORS
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF PHYSICAL EDUCATION			GRADUATED	2022	NONE
GRADUATE STUDIES	N/A	N/A			N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>	
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?		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES. please specifv ID No: _____</div></div>	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)			
NAME		ADDRESS	TEL. NO.
MAXIMINO C. LASACA		Brgy. Palhi, Baybay City Leyte	9474848021
ROWENA V. BARRIENTOS		Brgy. Palhi, Baybay City Leyte	9069649194
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.			
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: TIN ID</div> <div>ID/License/Passport No.: 356-580-145-000</div> <div>Date/Place of Issuance: 09/21/2020/Ormoc City, Leyte</div>		<div></div> <div>Signature (Sign inside the box)</div> <div></div> <div>Date Accomplished</div>	
		<div></div> <div>Right Thumbmark</div>	
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.			
<div></div> <div>Person Administering Oath</div>			