

# 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	ROJAS		
FIRST NAME	JOHN PHILLIP AUGUSTUS	NAME EXTENSION (JR., SR)	
MIDDLE NAME	POLIQUIT		
3. DATE OF BIRTH (mm/dd/yyyy)	01/07/1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BATO, CATANDUANES	If holder of dual citizenship, please indicate the details.	
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	N/A    SITIO KIGA House/Block/Lot No.    Street N/A    SAN ISIDRO Subdivision/Village    Barangay BAYBAY CITY    LEYTE City/Municipality    Province ZIP CODE    6521
7. HEIGHT (m)	1.67m		
8. WEIGHT (kg)	65 kg.		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	N/A    SITIO KIGA House/Block/Lot No.    Street N/A    SAN ISIDRO Subdivision/Village    Barangay BAYBAY CITY    LEYTE City/Municipality    Province ZIP CODE    6521
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	1212-4777-0735		
12. PHILHEALTH NO.	10-251631178-6		
13. SSS NO.	05-1510779-9	19. TELEPHONE NO.	N/A
14. TIN NO.	489-253-351	20. MOBILE NO.	09487667188
15. AGENCY EMPLOYEE NO.	401400	21. E-MAIL ADDRESS (if any)	japxrojas@gmail.com

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ROJAS			
FIRST NAME	MANUEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DE MESA			
25. MOTHER'S MAIDEN NAME				
SURNAME	POLIQUIT			
FIRST NAME	AURELIA			
MIDDLE NAME	VENTULA			

(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	BATO CENTRAL ELEMENTARY SCHOOL	PRIMARY	2004	2010		2010	
SECONDARY	BATO RURAL DEVELOPMENT HIGH SCHOOL	SECONDARY	2010	2014		2014	
VOCATIONAL / TRADE COURSE	THE GILGAL TRAINING CENTER INC.	DRIVING NC II	09/13/2018	10/23/2018		2018	
COLLEGE	CATANDUANES STATE UNIVERSITY	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJOR IN MARKETING MANAGEMENT	2014	2018		2018	
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 2, 2023
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[illegible]

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

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

[illegible]

<b>SIGNATURE</b>		<b>DATE</b>	December 2, 2023
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[illegible]

## VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED




[illegible]

## VIII. OTHER INFORMATION

	NON-ACADEMIC DISTINCTIONS / RECOGNITION	MEMBERSHIP IN ASSOCIATION/ORGANIZATION
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31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS/ RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER LITERATE		N/A		N/A
	PHOTOSHOP EDITING				
	MICROSOFT OFFICE				

<b>SIGNATURE</b>		<b>DATE</b>	December 2, 2023
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____	
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
KATHERENE B. VERGARA	LIBOD POBLACION, BATO, CATANDUANES	N/A
RUTH T TAPEL	LIBOD POBLACION, BATO, CATANDUANES	N/A
JUANITO S. UY	BAYBAY CITY, LEYTE	N/A
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.		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: <b>TIN</b> ID/License/Passport No.: <b>489-253-351</b> Date/Place of Issuance: <b>BIR</b>	 Signature (Sign inside the box) December 2, 2023 Date Accomplished	 PHOTO   Right Thumbmark
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto; text-align: center;">         Person Administering Oath       </div>		