

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 FIRST NAME MIDDLE NAME	CASIO			
	JEUR		NAME EXTENSION (JR., SR) NONE	
	NUEVO			
3. DATE OF BIRTH (mm/dd/yyyy)	07/22/87	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	ISABEL LEYTE			
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Philippines ▼	
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 ZIP CODE			
		House/Block/Lot No. Street		
		APALE		
7. HEIGHT (m)	1.49	Subdivision/Village Barangay		
		ISABEL LEYTE		
		City/Municipality Province		
8. WEIGHT (kg)	58.65	6539		
9. BLOOD TYPE	B	18. PERMANENT ADDRESS ZIP CODE	House/Block/Lot No. Street	
10. GSIS ID NO.	NA		APALE	
11. PAG-IBIG ID NO.	121306791123		Subdivision/Village Barangay	
12. PHILHEALTH NO.	13-025158768-0		ISABEL LEYTE	
13. SSS NO.	626395571	19. TELEPHONE NO.	NA	
14. TIN NO.	369-977-544-000	20. MOBILE NO.	09203765655	
15. AGENCY EMPLOYEE NO.	22-036	21. E-MAIL ADDRESS (if any)	jeurcasio1822@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)		
	NA	NAME EXTENSION (JR., SR) NONE			JULLIANA GRACE C. SUYOM	06/02/2010
	NA					
OCCUPATION	NA					
EMPLOYER/BUSINESS NAME	NA					
BUSINESS ADDRESS	NA					
TELEPHONE NO.	NA					
24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	CASIO					
	JERRY	NAME EXTENSION (JR., SR)				
	LAURITO					
25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME						
	NUEVO					
	URSULITA					
	HERMIAS		(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	TOLINGON ELEMENTARY SCHOOL	Elementary	1994	1999	Graduated	1999	WITH HONOR
SECONDARY	MATLANG NATIONAL HIGH SCHOOL ISABEL LEYTE	High School	1999	2003	Graduated	2003	NA
VOCATIONAL / TRADE COURSE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
COLLEGE	VISAYAS STATE UNIVERSITY	Bachelor of Science in Food Technology	2003	2022	Graduated	2022	NA
GRADUATE STUDIES	NONE	NONE	NONE	NONE	NONE	NONE	NONE

(Continue on separate sheet if necessary)

SIGNATURE		DATE	November 9, 2023
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	November 09, 2023
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	Philippine Association of Food Technologists - Kappa Student Chapter	08/31/2007	PRESENT		MEMBER

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	GOOD LABORATORY PRACTICES AND QUALITY ASSURANCE IN FOOD ANALYSIS	6/18/21	6/18/21	8	T	Department of Food Science and Technology Visayas State University
	INTERNATIONAL WEBINAR AND WORKSHOP ON FOOD VALUE CHAIN IN THE NEW NORMAL	10/18/2021	10/22/2021	40	T	Department of Food Science and Technology Visayas State University
	CONSUMERS FOOD SAFETY AWARENESS	11/12/21	11/12/21	8	T	Department of Food Science and Technology Visayas State University
	ADVANCE AND CHALLENGES IN LACTIC ACID BACTERIA RESEARCH FOR FOOD AND INDUSTRY APPLICATIONS	12/08/2022	12/08/2022	8	T	The Philippine Society for Lactic Acid Bacteria, INC
	INTERNATIONAL FOOD VALUE CHAIN AND WORKSHOP	12/09/2022	16/09/2022	40	T	Department of Food Science and Technology Visayas State University
	ROOT CAUSE ANALYSIS (RCA) TRAINING WORKSHOP	05/15/2023	05/16/2023	8	T	Department of Agriculture Philippine Carabao Center
	AWARENESS SEMINAR ON ISO 9001:2015 - QUALITY MANAGEMENT SYSTEM	05/16/2023	05/17/2023	8	T	Department of Agriculture Philippine Carabao Center
	RISK AND OPPORTUNITIES ASSESSMENT (ROA) TRAINING WORKSHOP	05/17/2023	0518/2023	8	T	Department of Agriculture Philippine Carabao Center
	BUSINESS TALK: FOOD SAFETY SERIES	09/11/2023	09/15/2023	40	T	Department of Agriculture Philippine Carabao Center
	ENHANCING PROBIOTICS AND FUNCTIONAL FOOD RESEARCH AND DEVELOPMENT CAPCITY	10/12/2023	10/13/2023	16	T	The Philippine Society for Probiotics and Functional Foods. INC
	BUSINESS TALK LEARNING EVENT FOR YOUTHPRENEURS	10/17/2023	10/17/2023	8	T	Department of Agriculture Philippine Carabao Center



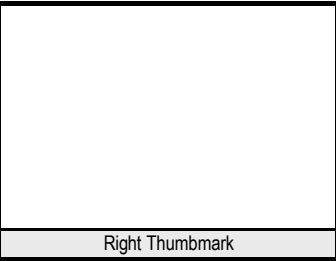
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COOKING				
	BAKING				
	WATCHING MOVIES				
	SINGING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	November 09, 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)?		<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><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 specify ID No: _____</div>
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME		ADDRESS
DR. ROBERTA D. LAUZON		VSU Professor, BS Food technology Thesis Adviser
DR. FRANCISCO G. GABUNADA JR.		DA-PCC @ VSU, Center Director
DR. IVY C. EMNACE		VSU Professor, BS Food technology SRC Chairman
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: SSS ID</div> <div>ID/License/Passport No.: 0626395571</div> <div>Date/Place of Issuance: Maasin City, Southern Leyte</div>		<div></div> <div>Signature (Sign inside the box)</div> <div>November 09, 2023</div> <div>Date Accomplished</div>
		<div></div> <div>PHOTO</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>		