

# 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	LAPARA		
FIRST NAME	JOHN ALEXIS	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	SEÑARA		
3. DATE OF BIRTH (mm/dd/yyyy)	05/18/1995	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	WESTERN LEYTE PROVINCIAL HOSPITAL, BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
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	PUROK 4 House/Block/Lot No. Street PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	6521-A
8. WEIGHT (kg)	57		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	PUROK 4 House/Block/Lot No. Street PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521-A
11. PAG-IBIG ID NO.	1212-0517-4716		
12. PHILHEALTH NO.	13-025355556-5		
13. SSS NO.	06-3497173-8	19. TELEPHONE NO.	N/A
14. TIN NO.	479-159-034-000	20. MOBILE NO.	09639644976
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	laparajohnalexis@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		N/A	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	LAPARA			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	GUMBA			
25. MOTHER'S MAIDEN NAME				
SURNAME	SEÑARA			
FIRST NAME	MABEL			
MIDDLE NAME	LAPARA		(Continue on separate sheet if necessary)	

## III. EDUCATIONAL BACKGROUND




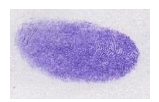
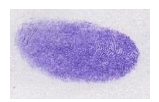
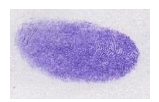
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	PANGASUGAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	2001	2007	N/A	2007	NONE
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2007	2012	N/A	2012	NONE
VOCATIONAL / TRADE COURSE	TECHNICAL VOCATIONAL AND SKILLS DEVELOPMENT AUTHORITY	SHIELDED METAL ARC WELDING (SMAW) NC II	2013	2013	N/A	2013	NONE
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 13, 2022
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IV. CIVIL SERVICE ELIGIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)			
				NUMBER	Date of Validity		
NONE							
(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.							
28. INCLUSIVE DATES (mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)	
							From
01/10/2018	PRESENT	MACHINE FABRICATOR WELDER	NATIONAL ABACA RESEARCH CENTER	553/DAY	N/A	JOB ORDER	YES
01/01/2017	12/31/2017	LABORER	DEPARTMENT OF FORESTRY, VSU MAIN	240/DAY	N/A	JOB ORDER	YES
06/01/2015	03/31/2016	WELDER	COLLEGE OF ENGINEERING, VSU MAIN	280/DAY	N/A	JOB ORDER	YES
02/22/2014	04/10/2015	FCAW (Q2) WELDER	HHIC-PHIL INC.	465/DAY	N/A	TEMPORARY	NO
01/01/2011	12/31/2012	LABORER	BALAY ALUMNI, VSU-MAIN	200/DAY	N/A	PART-TIME	NO
(Continue on separate sheet if necessary)							
SIGNATURE				DATE		JUNE 13, 2022	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION <small>(Write in full)</small>	INCLUSIVE DATES <small>(mm/dd/yyyy)</small>		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N/A	N/A	N/A	N/A	N/A	
(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 <small>(Write in full)</small>	INCLUSIVE DATES OF ATTENDANCE <small>(mm/dd/yyyy)</small>		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY <small>(Write in full)</small>
		From	To			
	SHIELDED METAL ARC WELDING (SAW) TRAINING	05/27/2013	10/20/2013	160	TECHNICAL	DEPARTMENT OF MECHANICAL ENGINEERING, VSU-MAIN
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION <small>(Write in full)</small>			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION <small>(Write in full)</small>	
	WELDER					
	CARPENTRY					
	DRIVING SKILLS					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	JUNE 13, 2022	

<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p>If YES, give details: _____</p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p>												
<p>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?</p>	<p>If YES, give details: _____</p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p>If YES, give details (country): _____</p>												
<p>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</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. FELECiano SINON</td> <td>NARC, VSU</td> <td>9173108072</td> </tr> <tr> <td>DR. DENNIS P. PEQUE</td> <td>DEPARTMENT OF FORESTRY, VSU</td> <td>(053) 563-7552</td> </tr> <tr> <td>EDWIN BAGARINAO</td> <td>NARC, VSU</td> <td>1059(IP PHONE)</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. FELECiano SINON	NARC, VSU	9173108072	DR. DENNIS P. PEQUE	DEPARTMENT OF FORESTRY, VSU	(053) 563-7552	EDWIN BAGARINAO	NARC, VSU	1059(IP PHONE)
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<p>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.</p>													
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; margin: 10px auto; text-align: center; padding: 5px;">       Person Administering Oath     </div>													