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	s () 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)	
2. SURNAME	ESPINOSA								
FIRST NAME	JOY				NAME EXTENSION (JR., SR)				
MIDDLE NAME	SOLANO								
DATE OF BIRTH (mm/dd/yyyy)	10/27/1991	16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by n			by naturaliz	zation	
4. PLACE OF BIRTH	BAYBAY CIYT, LEYTE	If holder of dual citizer		Pls. indicate co			□ by naturalization country:		
5. SEX	☐ Male ☑ Female	please indicate the de	tails.					•	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	House/Block/Lot No.				Street BUNGA		
	Other/s:		Subdivision/Village			Barangay			
7. HEIGHT (m)	0.129		BAYBAY City/Municipality		LEYTE Province				
8. WEIGHT (kg)	50	ZIP CODE	олутинорину				TTOVINGO		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS							
10. GSIS ID NO.	NA		House/Block/Lot No.			Street BUNGA			
11. PAG-IBIG ID NO.	121080492433		Subdivision/Village BAYBAY				Barangay LEYTE		
12. PHILHEALTH NO.	130501452964	ZIP CODE	Ci	City/Municipality 6521-A			Province		
13. SSS NO.	0631894229 19. TELEPHONE NO.					NA			
14. TIN NO.	476480605 20. MOBILE NO.			+6395028118223					
15. AGENCY EMPLOYEE NO.	NA		joy.espinosa@vsu.edu.ph						
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME			23. NAME of CHI	LDREN (Write	full name and l	ist all)	DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)							
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	ESPINOSA						10/04/1961		
FIRST NAME	TIRSO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	ORNOPIA								
25. MOTHER'S MAIDEN NAME							11/29	9/1961	
SURNAME	SOLANO								
FIRST NAME	CAROLINA								
MIDDLE NAME	SALUBRE		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKGROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
ELEMENTARY	BUNGA ELEMENTARY SCHOOL	ELEMENTARY EDUCA	ATION	From 06/01/1998	To 3/30/2004	NA	2004	WITH	
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	SECONDARY EDUCA	TION	06/01/2005	3/30/2008	NA NA	2008	HONORS WITH	
VOCATIONAL /	NA NA	NA	-					HONORS	
TRADE COURSE		BACHELOR OF SCIENCE IN	COMPUTER	NA	NA	NA NA	NA 2020	NA NA	
COLLEGE	VISAYAS STATE UNIVERSITY	SCIENCE		08/01/2016	6/22/2020	NA	2020	NA	
GRADUATE STUDIES	CEBU INSTITUTE OF TECHNOLOGY-UNIVERSITY	MASTER OF SCIENCE IN COMP Continue on separate sheet if nece		8/27/2022	12/17/2022	9	NA	NA	
SIGNATURE	(Continue on separate sneet if necessary)			DATE		Fe	February 12, 2023		
	<u>'</u>						ODM 242 (Daviese		

BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Ap)	ATING pplicable)	DATE OF EXAMINATION / CONFERMENT NA	PLACE OF EXAMINA	IA	RMENT	LICENSE (if ap	Date of Validity NA
BARANGAY ELIGIBILITY / DRIVER'S LICENSE				IA			Validity
NA N	NA	NA	N	IA		NA	NA
WARK EVAPORIES	(Cont	tinue on separate sheet	if necessary)				
V. WORK EXPERIENCE (Include private employment. Start from your recent work) L	Description	n of duties should b	e indicated in the attach	ed Work Exp	erience sheet	:	
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE		DEPARTMENT / AGE	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE	
From To (Write in full/Do not abbreviate)	(Write in full/Do not abbreviate)		(Write in full/Do not abbreviate)			APPOINTMENT	(Y/N)
08/01/2020 PRESENT PART-TIME INSTRUCTO	R	VISAYAS ST	ATE UNIVERSITY	17,000.00- 20,000.00			Y
	(Cont	tinue on separate sheet	if necessary)				
SIGNATURE			DATE		February 12, 202	23	

VI. VOI	VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29.		NAME & ADDRESS OF ORGANIZATION INCLUSIVE DATES (Write in full) (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK		
	(white in full)		From	То			7 0011011711111111111111111111111111111	
	NA		NA	NA	NA		NA	
		(Con	tinue on separate	sheet if necessary	·)			
	EARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING P	ROGRAMS A	TTENDED				
(Start fro	m the most recent L&D/training program and includ	de only the relevant L&D/training taken fo	or the last five (5) years for Division C INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To		Chief/Executive/Ma		CONDUCTED/ SPONSORED BY (Write in full)	
30.	TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)				NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)		
	LARAVEL 7 & VUE JS	3	8/26/2020	8/28/2020	24.0		DEPARTMENT OF COMPUTER SCIENCE AND TECHNOLOGY	
	GETTING GROUNDED ON AN	ALYTICS	7/23/2021	9/27/2021	15.0		DEVELOPMENT ACADEMY OF THE PHILIPPINES	
	IT PASSPORT CERTIFICATION EX	CAMINATION	10/27/2020	10/27/2020	4.0		PHILIPPINE NATIONAL IT STANDARDS FOUNDATION	
	BEST PRACTICES IN WRITING AND PUBLISHING		4/16/2021	4/16/2021	2.0		ELSEVIER	
	SEMINAR/ LECTURE ON INTELLECTUAL PROPER COMMERCIALIZATION OF TECH	NOLOGIES	10/26/2021	10/26/2021	4.0	TECHNOLOGY BUSINESS INCUBATOR VSU		
	SEAMEO-NEW ZEALAND MASTER CLASS ON EDUCATION TECHNOLOGY AND DIGITAL SECURITY			9/30/2021	2.0		SEAMEO	
VSU E-LEARNING ENVIRONMENT TRAINING-WORKSHOP SERIES			12/04/2020	12/14/2020	24.0		DEPARTMENT OF COMPUTER SCIENCE AND TECHNOLOGY	
CHOOSING THE RIGHT JOURNAL FOR YOUR RESEARCH ARTICLES			10/05/2021	10/05/2021	2.0		ELSEVIER	
(Continue on separate sheet if necessary) VIII. OTHER INFORMATION								
31.	SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN		GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31.	SPECIAL SKILLS and HOBBIES IMAGE PROCESSING	(vviite in tuli)					(vvite in full)	
	WEB APPLICATION DEVELOPMENT	NA NA					NA NA	
		NA NA					NA NA	
	(Continue on separate sheet if necessary)							
	SIGNATURE	S (Con	ио он зерагаце	ones in necessary		ATE	February 12, 2023	
JOHATOKE							1	

34. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has imme Bureau or Department where you will be apppointed,						
a. within the third degree?	☐ YES ☑ NO					
b. within the fourth degree (for Local Government Unit -	☐ YES ☑ NO					
	If YES, give details:					
35. a. Have you ever been found guilty of any administrativ	☐ YES ☑ NO					
	If YES, give details:					
b. Have you been criminally charged before any court?		☐ YES ☑ 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	☐ YES ☑ NO				
by any court or tribunal?	·	If YES, give details:				
37. Have you ever been separated from the service in any	of the following modes: resignation,	YES VO				
retirement, dropped from the rolls, dismissal, terminatio		If YES, give details:				
out (abolition) in the public or private sector?						
38. a. Have you ever been a candidate in a national or loca Barangay election)?	l election held within the last year (except	☐ YES ☑ NO				
		If YES, give details:				
 b. Have you resigned from the government service duri election to promote/actively campaign for a national or l 		☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or perma						
39. Prave you acquired the status of an infinigrant of perma	nent resident of another country?	☐ YES ☑ 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 89						
a. Are you a member of any indigenous group?	☐ YES ☑ NO					
b. Are you a person with disability?		If YES, please specify: ☐ YES ☑ NO				
7 to you a polosii mar algasiity .		If YES, please specify ID No:				
c. Are you a solo parent?		☐ YES ☑ NO				
	If YES, please specify ID No:					
41. REFERENCES (Person not related by consanguinity or affinity to app	plicant /appointee)					
NAME	ADDRESS	TEL. NO.				
ROLDAN PIEDRAVERDE	BRGY. BUNGA, BAYBAY CITY, LEYTE	NA NA				
JIMMY ESPINA	PCC, NUEVA ECIJA	9656636167				
IVY VILLAR	BRGY. BUNGA, BAYBAY CITY, LEYTE	9355940482				
42 I de les condes este the the true grant and the condes	had this Danser Data Chart which is a t					
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:						
ID/License/Passport No.: 476-480-605	ox)					
10/15/2015 Date/Place of Issuance:	Right Thumbmark					
	Date Accomplished	right Humbhan				
SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.						
	h					