

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 () ☐ 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	DIAO		
FIRST NAME	JOHN MICHAEL	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	MONTILLA		
3. DATE OF BIRTH (mm/dd/yyyy)	04/19/1995	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		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"/> Other/s:	17. RESIDENTIAL ADDRESS	416 M.L. QUEZON STREET House/Block/Lot No. Street N/A ZONE 17 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.75	ZIP CODE	6521
8. WEIGHT (kg)	110		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	416 M.L. QUEZON STREET House/Block/Lot No. Street N/A ZONE 17 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	92-113799316-3		
12. PHILHEALTH NO.	13-202593163-0		
13. SSS NO.	35-0531239-7	19. TELEPHONE NO.	N/A
14. TIN NO.	749-128-209-000	20. MOBILE NO.	0946-478-1021
15. AGENCY EMPLOYEE NO.	02310	21. E-MAIL ADDRESS (if any)	diaojohnmichaelm@gmail.com

II. FAMILY BACKGROUND

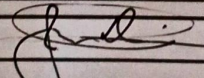
22. SPOUSE'S SURNAME	N/A	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	MICHAELA MAE A. DIAO	SEPTEMBER 2, 2017
MIDDLE NAME	N/A	ELCHOR LANZO A. DIAO	FEBRUARY 22, 2022
OCCUPATION	N/A	N/A	N/A
EMPLOYER/BUSINESS NAME	N/A	N/A	N/A
BUSINESS ADDRESS	N/A	N/A	N/A
TELEPHONE NO.	N/A	N/A	N/A
24. FATHER'S SURNAME	DIAO	N/A	N/A
FIRST NAME	MELCHOR	N/A	N/A
MIDDLE NAME	ALEA	N/A	N/A
25. MOTHER'S MAIDEN NAME		N/A	N/A
SURNAME	MONTILLA	N/A	N/A
FIRST NAME	ELSA	N/A	N/A
MIDDLE NAME	JOROLAN		

(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	GRACE CHRISTIAN SCHOOL	PRIMARY EDUCATION	2002	2008	GRADUATED	2008	N/A
SECONDARY	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION, BAYBAY, LEYTE INCORPORATED	HIGH SCHOOL	2008	2012	GRADUATED	2012	N/A
VOCATIONAL / TRADE COURSE	TESDA	ELECTRICAL INSTALLATION AND MAINTAINANCE NCII	2016	2016	GRADUATED	2016	N/A
COLLEGE	FRANCISCAN COLLEGE OF IMMACULATE CONCEPTION, BAYBAY, LEYTE INCORPORATED	BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJOR IN FINANCIAL MANAGEMENT	2018	2022	GRADUATED	2022	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A


(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/21/25
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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.

[illegible]

SIGNATURE		DATE	
		07/21/25	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the program	
2. Description of the program	
3. Date of attendance	
4. Duration of the program	
5. Location of the program	
6. Name of the trainer	
7. Name of the organization	
8. Name of the sponsor	
9. Name of the participant	
10. Name of the supervisor	
11. Name of the manager	
12. Name of the director	
13. Name of the executive	
14. Name of the officer	
15. Name of the clerk	
16. Name of the assistant	
17. Name of the secretary	
18. Name of the stenographer	
19. Name of the typewriter	
20. Name of the printer	
21. Name of the publisher	
22. Name of the distributor	
23. Name of the agent	
24. Name of the broker	
25. Name of the dealer	
26. Name of the wholesaler	
27. Name of the retailer	
28. Name of the importer	
29. Name of the exporter	
30. Name of the manufacturer	
31. Name of the contractor	
32. Name of the subcontractor	
33. Name of the supplier	
34. Name of the vendor	
35. Name of the provider	
36. Name of the service	
37. Name of the product	
38. Name of the material	
39. Name of the equipment	
40. Name of the machinery	
41. Name of the tool	
42. Name of the instrument	
43. Name of the device	
44. Name of the apparatus	
45. Name of the machine	
46. Name of the engine	
47. Name of the motor	
48. Name of the pump	
49. Name of the valve	
50. Name of the pipe	
51. Name of the wire	
52. Name of the cable	
53. Name of the rope	
54. Name of the string	
55. Name of the thread	
56. Name of the yarn	
57. Name of the fabric	
58. Name of the cloth	
59. Name of the paper	
60. Name of the book	
61. Name of the magazine	
62. Name of the newspaper	
63. Name of the journal	
64. Name of the volume	
65. Name of the issue	
66. Name of the edition	
67. Name of the reprint	
68. Name of the translation	
69. Name of the adaptation	
70. Name of the modification	
71. Name of the improvement	
72. Name of the enhancement	
73. Name of the upgrade	
74. Name of the update	
75. Name of the revision	
76. Name of the correction	
77. Name of the amendment	
78. Name of the alteration	
79. Name of the change	
80. Name of the difference	
81. Name of the distinction	
82. Name of the contrast	
83. Name of the comparison	
84. Name of the similarity	
85. Name of the resemblance	
86. Name of the likeness	
87. Name of the analogy	
88. Name of the metaphor	
89. Name of the simile	
90. Name of the idiom	
91. Name of the proverb	
92. Name of the saying	
93. Name of the motto	
94. Name of the slogan	
95. Name of the catchphrase	
96. Name of the cliché	
97. Name of the stereotype	
98. Name of the prejudice	
99. Name of the bias	
100. Name of the opinion	
101. Name of the view	
102. Name of the belief	
103. Name of the faith	
104. Name of the trust	
105. Name of the confidence	
106. Name of the assurance	
107. Name of the guarantee	
108. Name of the warranty	
109. Name of the promise	
110. Name of the pledge	
111. Name of the vow	
112. Name of the oath	
113. Name of the affirmation	
114. Name of the declaration	
115. Name of the statement	
116. Name of the remark	
117. Name of the comment	
118. Name of the observation	
119. Name of the notice	
120. Name of the announcement	
121. Name of the proclamation	
122. Name of the declaration	
123. Name of the statement	
124. Name of the remark	
125. Name of the comment	
126. Name of the observation	
127. Name of the notice	
128. Name of the announcement	
129. Name of the proclamation	
130. Name of the declaration	
131. Name of the statement	
132. Name of the remark	
133. Name of the comment	
134. Name of the observation	
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148. Name of the remark	
149. Name of the comment	
150. Name of the observation	
151. Name of the notice	
152. Name of the announcement	
153. Name of the proclamation	
154. Name of the declaration	
155. Name of the statement	
156. Name of the remark	
157. Name of the comment	
158. Name of the observation	
159. Name of the notice	
160.	

[illegible]

(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)
PROBLEM-SOLVING ABILITIES	N/A	N/A
COMMUNICATION SKILLS	N/A	N/A
PROFESSIONALISM AND STRONG WORK ETHIC	N/A	N/A
TEAMWORK AND COLLABORATION	N/A	N/A
LEARNING AND ADAPTABILITY SKILLS	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/21/25
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<p>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,</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> <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>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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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> <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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</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 the following items:</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>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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
GENEVIEVE MARIE T. BACTASA, MA	FCIC, PROGRAM HEAD FOR TEACHER EDUCATION	0915-172-9448
FAUSTINO SAM A. DACLAG III	VSU, HRMO CLERK	0951-851-2409
ENGR. JOSEPH EDGAR P. CAYA	DCCD-CM DIVISION, CONSTRUCTION MANAGER	0917-188-8789

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.



JOHN MICHAEL M. DIAO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **LTO-DRIVER'S LICENSE**

ID/License/Passport No.: **H12-18-001768**

Date/Place of Issuance: **03/15/2023, BAYBAY CITY, LEYTE**

Signature (Sign inside the box)
03/21/25
 Date Accomplished



SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

 Person Administering Oath