Revised 2025

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling 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 if accomplished through I. PERSONAL INFORMATIO	own handwriting. Tick appropriate boxes 🔲) and u	se separate sheet if necessary.	Indicate N/A if no	t applicable.	DO NOT AB	BREVIATE.	THE REPORT OF		
1. SURNAME	SALIDAGA				N- 0-1710				
2. FIRST NAME	JAYDEE		NAME EXTENSION (JR., SR) NVA						
MIDDLE NAME	OCLINARIA								
3 DATE OF BIRTH	12/11/2001	16. CITIZENSHIP							
(dd/mm/yyyy)				☑ Filipine	• 🗆		☐ by naturalization		
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citize	nship,	Pls. indicate c			The second secon		
5. SEX AT BIRTH	☑ Male ☐ Female	please indicate the details.		Philippines					
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS	N/A		N/A Street				
	☐ Widowed ☐ Separated ☐ Other/s:		House/Block/Lot No. N/A Subdivision/Village			BUSAY			
7. HEIGHT (m)	1.67		S	AN ISIDRO			Barangay LEYTE		
8. WEIGHT (kg)	68	ZIP CODE 6535 18. PERMANENT ADDRESS		City/Municipality			Province		
9. BLOOD TYPE	AB+			N/A			N/A		
10 UMID ID NO.	NA	1	House/Black/Lot No. N/A		Street BUSAY				
11. PAG-IBIG ID NO.				division/Village			Barangay LEYTE		
	N/A			City/Municipality			Province		
12. PHILHEALTH NO.	NA	ZIP CODE	6535						
13. PhilSys Number (PSN):	5894-8541-0721-3620	19. TELEPHONE NO.	N/A			*			
14. TIN NO.	666-580-607	20. MOBILE NO.	09631153843						
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	jaydesalida	aga127@	gmail.co	<u>m</u>			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	NA	The second secon		ILDREN (Write full name and list all)			DATE OF BIRTH (dd/mm/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR) IVA	N/A				N/A		
MIDDLE NAME	NA								
OCCUPATION	NA								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	NA								
24. FATHER'S SURNAME	SALIDAGA								
FIRST NAME	DANILO	NAME EXTENSION (JR., SR) N/A			+				
MIDDLE NAME	MABINI								
25. MOTHER'S MAIDEN NAME	CERELINA DEGORIO OCLINARIA								
SURNAME	SALIDAGA								
FIRST NAME	CERELINA								
MIDDLE NAME	OCLINARIA			(0	Continue on s	eparate sheet if nec	essary)		
III. EDUCATIONAL BACK	GROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGE (Write in full)			ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	SANTIAGO E. CARLOS ELEMENTARY SCHOOL	ELEMENTARY		From 2008	To 2014	GRADUATED	2014	N/A	
SECONDARY	SAN ISIDRO NATIONAL HIGH SCHOOL	SECONDARY		2014	2020	GRADUATED	2020	WITH HONORS	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF ELEMENTA	RY EDUCATION	2020	2024	GRADUATED	2024	CUM LAUDE	
GRADUATE STUDIES	NA	N/A		N/A	N/A	N/A	N/A	N/A	
		(Continue on separate sheet if i	necessary)						
SIGNATURE				DA	ATE .	12/08/		ised 2025), Page 1 of 4	

BAR)/UNDE and ELI	R SPECIAL LAWS GIBILITIES FOR L	CATEGORY IV IV ELIGIBILITY UNIFORMED PERSONNEL	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	NUMBER	Valid Until
HOUSE STREET	CENSURE EXAMINATION FOR PROFESSIONAL TEACHERS (LEPT)		87.80%	09/29/2024	TACLOBAN CITY	2264985	11/12/2028
PD 907		OUATE ELIGIBILITY	GRANTED	09/12/2024	CIVIL SERVICE COMISSION RO8	100108241775	N/A
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	CASE OF SERVICE					AIRANI JOS	Traction of the contract of th
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WORKE)	(PERIENCE		(Continue on se	parate sheet if necessar	y)	ne de la companya de	
nolude priva	te employme	nt. Start from your recent	work.) Descripti	on of duties should	d be indicated in the attac	hed Work Experi	ence Sheet
8. INCLUSIVE DATES (dd/mm/ww) POSITION TITLE		DEPARTMENT / AC	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		GOV'T SERVICE (Y/ N)		
From	То	(Write in full/Do not a	DDreviate)	(vvrite in i	UIVDO NOL SOUI EVIALE)	APPOINTMENT	(11.4)
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3	e justi.	3740	(Continue on s	eparate sheet if necessa	nny)		100
A	TURE		1		DATE	12/08/	

29. NAME & ADDRESS OF ORGANIZATION (Write in full)			INCLUSIVE DATES (dd/mm/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A	Car (d)	- 23 YES	N/A	N/A	N/A	N/A	rock and all some map harmane.	
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VII. LEARNING AND DEVELOPMENT	and the same transfer to be within	RVENTIONS/TRAINING	PROGRAMS A	ATTENDED	1835.3		1	
30. TITLE OF LEARNING AND DEVELOPM	MENT INTERVEN	TIONS/TRAINING PROGRAMS	AT	SIVE DATES OF TENDANCE	NUMBER OF HOURS	Type of L&D (Managerial/	CONDUCTED/ SPONSORED BY	
(Write in full)			From	(dd/mm/yyyy) From To		Supervisory/ Technical/etc)	(Write in full)	
BASIC COMPUTER LITERACY	cls.el	ion) II y E.C., nave d	12/16/202	4 01/02/2025	80	TECHNICAL	ELTECH LEARNING HUB, UPLAND, POBLACION, DANAO CITY, CEBU 6004	
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		to any or sets	Continue on separ	ate sheet if necessar	document (gulf of ets	No tenerological de la Cart	
VIII. OTHER INFORMATION				OTHER DISTRICT	CAUTION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES	32.			STINCTIONS / RECOX Write in full)	MITION	tro product	33. (Write in full)	
COMPUTER LITERATE ENCODING	G	N/A N/A					PHILIPPINE ASSOCIATION FOR TEACHERS & EDUCATORS (PAFTE), INC.	
DRIVING							CBRC ALUMNI FAMILY	
PLAYING GUITAR		potratifation of the contract	LEYTE NORMAL UNIVERSITY ALUMNI ASSOCIATION					
MEDIA LITERACY	The state of the s							
TECHNOLOGICAL SKILLS						SANTIAGO E. CARLOS ALUMNI ASSOCIATION		
COMMUNICATION SKILLS		CANCEL TO SELECT THE COST OF SERVICE	nguy et year, épphaanse 7, 30	Karanta di Karanta di Karanta	and an area of		***NOTHING FOLLOWS***	
PROBLEM SOLVING SKILLS			Continue on sense	ate sheet if necessar	v)			
SIGNATURE		Section of the Part of the Par	/ Summer on Separ		Lancia de Contra Parte	STREET, STREET, SQUARE,	12/08/2025	

chief of bureau or office or to the person who has immediate a Bureau or Department where you will be apppointed,					
a. within the third degree?	☐ YES ☑ NO				
b. within the fourth degree (for Local Government Unit - Cared	☐ YES ☑ NO If YES, give details:				
s. a. Have you ever been found guilty of any administrative offer	☐ 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:				
6. Have you ever been convicted of any crime or violation of any any court or tribunal?	☐ YES ☑ If YEŞ, give details:	NO STATE ALL TOPE STA			
7. Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fin in the public or private sector?	☐ YES ☐ NO ☐ YES, give details:				
s. a. Have you ever been a candidate in a national or local electi Barangay election)?	☐ YES [If YES, give details:	☑ NO			
 b. Have you resigned from the government service during the election to promote/actively campaign for a national or local c 	☐ YES ☑ NO If YES, give details:				
9. Have you acquired the status of an immigrant or permanent re	☐ YES ☑ NO If YES, give details (country):				
items: Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?		If YES, please specify: YES If YES, please specify ID	☑ NO		
11. REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)				
NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO, AND/OR EMAIL			
PROF. RESTITUTO I. UROT	BRGY. SAN JOSE, SAN ISIDRO, LEYTE	9700230863			
GERALDINE V. RODAJE	SAN ISIDRO, LEYTE	9988566070			
HON. RENANTE N. MAURING	BRGY. BUSAY, SAN ISIDRO, LEYTE	9072291776	(3)		
I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represen agree that any misrepresentation made in this docun administrative/criminal case/s against me.	nt laws, rules, and regulations of the stative to verify/validate the contents state	Republic of the ed herein.	РНОТО		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	(Notation All)		SHOOL STORY		
Government Issued ID: PRC ID					
ID/License/Passport No.: 2264985	iox)				
Date/Place of Issuance: 01/15/2025 ORMOC CITY	Date Accomplished	25	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	affiant exhibiting	g his/her validly issued govern	ment ID as indicated above.		
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