

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.**

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CAMPO		
FIRST NAME	JUDY ANN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MENDROS		
3. DATE OF BIRTH (mm/dd/yyyy)	10/25/1999	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	PALO, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	☐ Male ☒ Female		
6. CIVIL STATUS	☒ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	N/A N/A House/Block/Lot No. Street N/A GACAO Subdivision/Village Barangay PALO LEYTE City/Municipality Province ZIP CODE 6501
7. HEIGHT (m)	1.55		
8. WEIGHT (kg)	58		
9. BLOOD TYPE		18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A GACAO Subdivision/Village Barangay PALO LEYTE City/Municipality Province ZIP CODE 6501
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	1212-2259-3824		
12. PHILHEALTH NO.	1302-5500-7867		
13. SSS NO.	06-4103814-3	19. TELEPHONE NO.	N/A
14. TIN NO.	346-447-882-00000	20. MOBILE NO.	09917596348
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	judyanncampo102519@gmail.com

II. FAMILY BACKGROUND

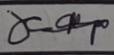
22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	CAMPO			
FIRST NAME	ROBERT	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MORANO			
25. MOTHER'S MAIDEN NAME				
SURNAME	MENDROS			
FIRST NAME	JOSEPHINE			
MIDDLE NAME	MONTEROSO			

(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	GACAO ELEMENTARY SCHOOL	ELEMENTARY	2007	2013	GRADUATED	2013	VALENTIN TORIAN
SECONDARY	ANAHAWAY NATIONAL HIGH SCHOOL	JUNIOR HIGH SCHOOL	2013	2017	GRADUATED	2017	HIGH HONOR
	PALO NATIONAL HIGH SCHOOL	SENIOR HIGH SCHOOL	2017	2019	GRADUATED	2019	HIGH HONOR
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	BACHELOR OF SCIENCE IN ACCOUNTANCY	2019	2023	GRADUATED	2023	N/A
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/28/2024
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[illegible]

DISCUSSION

Include private employment. Start from your most recent work. Description of duties should be indicated in the attached Work Experience sheet.

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	10/08/2024

29.

NAME & ADDRESS OF ORGANIZATION
(Write in full)

INCLUSIVE DATES
(mm/dd/yyyy)

NUMBER OF HOURS

POSITION / NATURE OF WORK

PAULINIAN STUDENT ASSISTANT

From	To
06/01/2021	06/01/2022

AUDITOR

VICE PRESIDENT

VICE PRESIDENT REPRESENTATIVE

(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)

BOOKKEEPING

08/01/2022	11/10/2022
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375

TECHNICAL

NATIONAL INSTITUTE OF
ACCOUNTING TECHNICIANS
MANCERA BUSINESS
CONSULTANCY
TECHNICAL EDUCATION AND
SKILLS DEVELOPMENT AUTHORITY

SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES
STUDENT INTERNSHIP PROGRAM
NATIONAL CERTIFICATE III IN
BOOKKEEPING

(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)

BOOKKEEPING
WRITING SPOKEN WORD
POETRY

OUTSTANDING STUDENT ASSISTANT

ISTILD

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

10/08/2024

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)?

☐ YES ☒ NO
☐ YES ☒ NO
If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense?
b. Have you been criminally charged before any court?

☐ YES ☒ NO
If YES, give details: _____
☐ 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 by any court or tribunal?

☐ YES ☒ NO
If YES, give details: _____

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?

☐ YES ☒ NO
If YES, give details: _____

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?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ NO
If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent 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 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?

☐ YES ☒ NO
If YES, please specify: _____
☐ YES ☒ NO
If YES, please specify ID No: _____
☐ YES ☒ NO
If YES, please specify ID No: _____

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

NAME	ADDRESS	TEL. NO.
ALICIA TARIMAN	TACLOBAN CITY	69466594332
LOWE TANA	PASTRANA LEYTE	69087879080
GLENN GOLGOTA	JAVIER LEYTE	09458767358

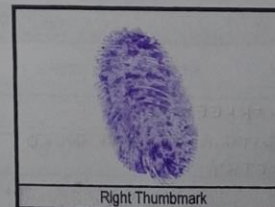
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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.



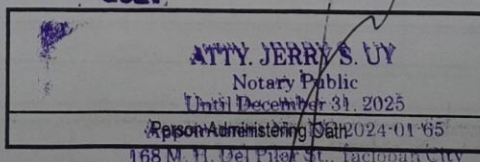
JUDY ANN M. CAMPO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: PHILIPPINE NATIONAL ID
ID/License/Passport No.: 4684-5736-0352-0613
Date/Place of Issuance:

Signature (Sign inside the box)
Date Accomplished



SUBSCRIBED AND SWORN to before me this 08 OCT 2021, affiant exhibiting his/her validly issued government ID as indicated above.



PTR No. 8359166, Jan. 2, 2024, Tacloban City
Roll of Attorney No. 38363, IBP Lifetime No. 06666
MCLE Comp. No. VII-1002733, Until April 14, 2028

WORK EXPERIENCE SHEET

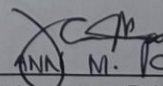
Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: MARCH 01, 2024 - DECEMBER 15, 2024
- Position: DOCUMENTOR
- Name of Office/Unit: SUPPORT TO PARCELIZATION OF LAND FOR INDIVIDUAL TITLING (SPLIT)
- Immediate Supervisor: EVA D. CALLERA AND GERMILINA SANDINO
- Name of Agency/Organization and Location: DEPARTMENT OF AGRARIAN REFORM

- List of Accomplishments and Contributions (if any)
VALIDATED AND COMPLETED THE DOCUMENTS OF APPROXIMATELY 1,000
HECTARES AGRARIAN LANDS THAT ARE SUBJECT FOR INDIVIDUAL TITLING.

- Summary of Actual Duties
RESPONSIBLE TO CONDUCT DOCUMENTATION TO AGRARIAN REFORM
BENEFICIARIES, INTERVIEWING THE LANDOWNERS, PREPARING PAYROLL
DOCUMENTS AND ASSIST DURING MEETING.


JUDY ANN M. CAMPO
(Signature over Printed Name
of Employee/Applicant)

Date: 12/05/2024

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: OCTOBER 01, 2023 - FEBRUARY 29, 2024
- Position: PROCESSOR
- Name of Office/Unit: SUPPORT TO PARCELIZATION OF LAND FOR INDIVIDUAL TITLING (SPLT)
- Immediate Supervisor: FLORISA G. AMORES
- Name of Agency/Organization and Location: DEPARTMENT OF AGRARIAN REFORM (DAR)

- List of Accomplishments and Contributions (if any)

COMPLETED THE VALIDATION OF 500 HAS (HECTARES) AGRICULTURAL LANDS.

- Summary of Actual Duties

RESPONSIBLE TO PREPARE PARCELIZATION FORMS, MODIFIED FORM AND PAYROLL DOCUMENTS, ENSURING THE COMPLETENESS OF EACH FOLDERS AND ASSIST DURING INTERVIEW OF THE CLOA /TITLE HOLDERS.

JUDY (ANN) M. CAMPO
(Signature over Printed Name
of Employee/Applicant)

Date: 12/05/2024