

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	MESIAS		
FIRST NAME	JOHN CLARK	N/A	
MIDDLE NAME	MARTOS		
3. DATE OF BIRTH (mm/dd/yyyy)	DECEMBER 21, 1994	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	JULITA, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
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:		
7. HEIGHT (m)	1.65m	17. RESIDENTIAL ADDRESS	SAN CIONILO ST.
8. WEIGHT (kg)	70kg	ZIP CODE	House/Block/Lot No. Street
9. BLOOD TYPE	B		POB. DIST. II
10. GSIS ID NO.	2005167255		Subdivision/Village Barangay
11. PAG-IBIG ID NO.	121151700981		JULITA LEYTE
12. PHILHEALTH NO.	13250589375-5		City/Municipality Province
13. SSS NO.	N/A	18. PERMANENT ADDRESS	SAN CIONILO ST.
14. TIN NO.	470-632-690	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	6303087		POB. DIST. II
			Subdivision/Village Barangay
			JULITA LEYTE
			City/Municipality Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	0927-482-3494/0960-663-9691
		21. E-MAIL ADDRESS (if any)	clarkmesias13@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	NAME EXTENSION (JR., SR) 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	MESIAS			
FIRST NAME	BERNARDO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	ARALAR			
25. MOTHER'S MAIDEN NAME				
SURNAME	MARTOS			
FIRST NAME	ROSEMARIE			
MIDDLE NAME	DACOCO		(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	JULITA CENTRAL ELEMENTARY SCHOOL	N/A	06/05/2002	4/25/2007	N/A	2007	N/A
SECONDARY	JULITA NATIONAL HIGH SCHOOL	N/A	6/52007	4/23/2011	N/A	2011	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY-TOLOSA	BACHELOR OF SECONDARY EDUCATION- MAPEH	06/05/2011	4/25/2015	N/A	2015	CUM LAUDE AND CHED SCHOLAR
GRADUATE STUDIES	LEYTE NORMAL UNIVERSITY	MASTER IN PHYSICAL EDUCATION	10/15/2015	PRESENT	CAR/ CANDIDATE	N/A	N/A

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	

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

[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)
N/A	N/A	NAPE (NATIONAL ASSOCIATION FOR PHZYSICAL EDUCATORS)
		PAFTE (PHILIPPINE ASSOCIATION FÜR TEACHERS ADN EDUCATORS)
		AREA 2B LAWN TENNIS OFFICIATING OFFICIAL OF LEYTE DIVISION

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
	<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: <u>I RESIGNED FROM VSU TOLOSA</u></div>
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
MR. DANILO D. LERIOS	VSU-TOLOSA	0918-439-0817
DR. SENEN JUDE JAVIER A. RUETAS	EVSU-MAIN CAMPUS	0942-552-5087
MRS. ELEANOR E. CAGARA	BURAUEN CNHS	0936-992-4309
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.		

ID picture taken within the last 6 months
3.5 cm. X 4.5 cm
(passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PAG-IBIG I.D.</div> <div>ID/License/Passport No.: 1211-5170-0981</div> <div>Date/Place of Issuance: ROBINSONS PLACE TACLOBAN/PAG-IBIG</div>	<div></div> <div>Signature (Sign inside the box)</div> <div></div> <div>Date Accomplished</div>	<div></div> <div>Right Thumbmark</div>
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.	
<div></div> <div>Person Administering Oath</div>	