

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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 | ANIÑON | | |
| FIRST NAME | DRAKE JARED | | NAME EXTENSION (JR., SR) |
| MIDDLE NAME | DOLINA | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 11/24/1997 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship |
| 4. PLACE OF BIRTH | TACLOBAN CITY | If holder of dual citizenship, please indicate the details. | <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: |
| 5. SEX | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | Philippines |
| 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: | 17. RESIDENTIAL ADDRESS | N/A BURGOS STREET |
| 7. HEIGHT (m) | 1.73 meters | ZIP CODE | House/Block/Lot No. Street |
| 8. WEIGHT (kg) | 65 kilograms | | N/A SAN ROQUE |
| 9. BLOOD TYPE | O | | Subdivision/Village Barangay |
| 10. GSIS ID NO. | N/A | | TANAUAN LEYTE |
| 11. PAG-IBIG ID NO. | N/A | | City/Municipality Province |
| 12. PHILHEALTH NO. | N/A | 18. PERMANENT ADDRESS | 6502 |
| 13. SSS NO. | N/A | ZIP CODE | N/A BURGOS STREET |
| 14. TIN NO. | 349-234-456-000 | | House/Block/Lot No. Street |
| 15. AGENCY EMPLOYEE NO. | A013123DJD | | N/A SAN ROQUE |
| | | | Subdivision/Village Barangay |
| | | | TANAUAN LEYTE |
| | | 19. TELEPHONE NO. | City/Municipality Province |
| | | 20. MOBILE NO. | 6502 |
| | | 21. E-MAIL ADDRESS (if any) | None |
| | | | 0917-734-8303 |
| | | | drakejareddolinaaninon@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 |
| MIDDLE NAME | N/A | | | |
| OCCUPATION | N/A | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | |
| BUSINESS ADDRESS | N/A | | | |
| TELEPHONE NO. | N/A | | | |
| 24. FATHER'S SURNAME | ANIÑON | | | |
| FIRST NAME | DOUGLAS | | | |
| MIDDLE NAME | ABAO | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | DOLINA | | | |
| FIRST NAME | DORETTA CLEOFE | | | |
| MIDDLE NAME | CINCO | | (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 | YEAR GRADUAT ED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
| | | | From | To | | | |
| ELEMENTARY | ST. THERESE CHILD DEVELOPMENT CENTER | Elementary | JUNE 2004 | MARCH 2010 | Graduated | MARCH 2010 | N/A |
| SECONDARY | ASSUMPTION ACADEMY | Secondary | JUNE 2010 | MARCH 2014 | Graduated | MARCH 2014 | N/A |
| VOCATIONAL / TRADE COURSE | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| COLLEGE | LEYTE NORMAL UNIVERSITY | Bachelor of Science in Tourism, Hotel and Restaurant Management | JUNE 2014 | December 2018 | Graduated | December 2018 | N/A |
| GRADUATE STUDIES | LEYTE NORMAL UNIVERSITY | Master in Management | August 2022 | June 2025 | Graduated | June 2025 | N/A |

(Continue on separate sheet if necessary)

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|-----------|--|------|---------------|
| SIGNATURE | | DATE | JULY 15, 2025 |
|-----------|--|------|---------------|

| IV. CIVIL SERVICE ELIGIBILITY | | | | | | | | |
|--|---|------------|---|--|-----------------------------------|---|--------------------------|----------------------------|
| 27. | CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE ELIGIBILITY / DRIVER'S LICENSE | | RATING (If Applicable) | DATE OF EXAMINATION / CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | LICENSE (if applicable) | | |
| | | | | | | NUMBER | Date of Validity | |
| N/A | | | N/A | N/A | N/A | | N/A | |
| | | | | | | | | |
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| (Continue on separate sheet if necessary) | | | | | | | | |
| V. WORK EXPERIENCE | | | | | | | | |
| (Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet. | | | | | | | | |
| 28. | INCLUSIVE DATES (mm/dd/yyyy) | | POSITION TITLE (Write in full/Do not abbreviate) | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00- 0*) | STATUS OF APPOINTMENT | GOV'T SERVICE (Y/ N) |
| | From | To | | | | | | |
| | February 9, 2022 | Present | Part time Lecturer | EVSU TC TECHNOLOGY DEPARTMENT | 200/Lecture hour | n/a | Part time | n/a |
| | 2019 | 2020 | Banquet Staff | Jpark Island Resort and Waterpark, Cebu | 405/8hours | n/a | On call | n/a |
| | AUGUST 2018 | APRIL 2019 | SERVICE CREW | MCDONALDS REAL | 305/8hours | n/a | Part time | n/a |
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| SIGNATURE | | | | | DATE | JULY 15, 2025 | | |

| 29. | NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|-----|---|---------------------------------|-----|--------------------|---------------------------|
| | | From | To | | |
| | N/A | N/A | N/A | N/A | N/A |
| | | | | | |
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(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) |
|----------------------------------|--|--|
| MS Excel Proficiency | N/A | N/A |
| Cooking and food Experimentation | | |
| Photo and Video Editing | | |
| | | |
| | | |

(Continue on separate sheet if necessary)

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|------------------|--|-------------|----------------------|
| <i>SIGNATURE</i> | | <i>DATE</i> | <i>July 15, 2025</i> |
|------------------|--|-------------|----------------------|

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|--|--|---------------------------|---------------------------|------------|--------------------------|---------------------|-------------------------|----------------|--|--|---------------------------------|---------------|-------------------|
| 34. Are you related by consanguinity or affinity to the appointing or recommending authority, or chief of bureau or office or to the person who has immediate supervision over you in the 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: dismissed_traffic violation</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 checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: resignation from previous jobs</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 type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</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 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) | | | | | | | | | | | | | |
| <table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>ESPERIDION CODINERA</td><td>TACLOBAN CITY</td><td>0916-763-0217</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> | | NAME | ADDRESS | TEL. NO. | ESPERIDION CODINERA | TACLOBAN CITY | 0916-763-0217 | | | | | | |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | |
| ESPERIDION CODINERA | TACLOBAN CITY | 0916-763-0217 | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | |
| <table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</td><td>PLEASE INDICATE ID Number</td></tr><tr><td>Government Issued ID:</td><td>PhilSys ID</td></tr><tr><td>ID/License/Passport No.:</td><td>5429-7386-2704-8953</td></tr><tr><td>Date/Place of Issuance:</td><td>April 24, 2023</td></tr></table> | Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) | PLEASE INDICATE ID Number | Government Issued ID: | PhilSys ID | ID/License/Passport No.: | 5429-7386-2704-8953 | Date/Place of Issuance: | April 24, 2023 | <table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>JULY 15, 2025</td></tr><tr><td>Date Accomplished</td></tr></table> | | Signature (Sign inside the box) | JULY 15, 2025 | Date Accomplished |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) | PLEASE INDICATE ID Number | | | | | | | | | | | | |
| Government Issued ID: | PhilSys ID | | | | | | | | | | | | |
| ID/License/Passport No.: | 5429-7386-2704-8953 | | | | | | | | | | | | |
| Date/Place of Issuance: | April 24, 2023 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Signature (Sign inside the box) | | | | | | | | | | | | | |
| JULY 15, 2025 | | | | | | | | | | | | | |
| Date Accomplished | | | | | | | | | | | | | |
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| Right Thumbmark | | | | | | | | | | | | | |
| SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. | | | | | | | | | | | | | |
| <table><tr><td></td></tr><tr><td>Person Administering Oath</td></tr></table> | | | Person Administering Oath | | | | | | | | | | |
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