

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	DIAZ			
FIRST NAME	JEFFREY JAY	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	OPALIA			
3. DATE OF BIRTH (mm/dd/yyyy)	04/30/1994	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization	
4. PLACE OF BIRTH	ALEGRIA, SURIGAO DEL NORTE	If holder of dual citizenship, please indicate the details.	Pls. indicate country:	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	P-1 N/A House/Block/Lot No. Street LUTAO TIGBAO Subdivision/Village Barangay LIBAGON SOUTHERN LEYTE City/Municipality Province 6615	
7. HEIGHT (m)	1.69 m	18. PERMANENT ADDRESS	P-1 N/A House/Block/Lot No. Street LUTAO TIGBAO Subdivision/Village Barangay LIBAGON SOUTHERN LEYTE City/Municipality Province 6615	
8. WEIGHT (kg)	72 kg		ZIP CODE	6615
9. BLOOD TYPE	O+		19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A		20. MOBILE NO.	09771231686
11. PAG-IBIG ID NO.	121179494282	21. E-MAIL ADDRESS (if any)	djeffreyjay@gmail.com	
12. PHILHEALTH NO.	01-052204250-7			
13. SSS NO.	08-2671120-1			
14. TIN NO.	713566287			
15. AGENCY EMPLOYEE NO.	N/A			

II. FAMILY BACKGROUND

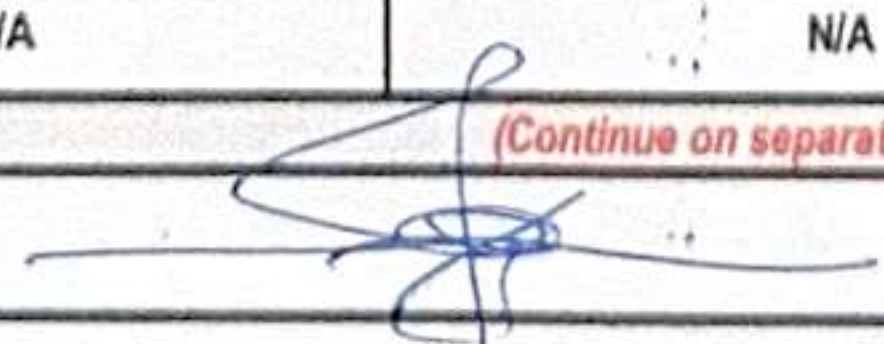
22. SPOUSE'S SURNAME	DIAZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CAROLYN	NAME EXTENSION (JR., SR) N/A	ZIV AIDEN E. DIAZ	4/1/2019
MIDDLE NAME	ENCINAS		YIV BASTIAN E. DIAZ	08/24/2020
OCCUPATION	NONE			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	DIAZ			
FIRST NAME	EDDIE	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	PINO			
25. MOTHER'S MAIDEN NAME				
SURNAME	OPALIA			
FIRST NAME	MARGIE			
MIDDLE NAME	GUIRAL			

(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	ALEGRIA CENTRAL ELEMENTARY SCHOOL	PRIMARY	2000	2006	N/A	2006	N/A
SECONDARY	ALEGRIA NATIONAL HIGH SCHOOL	SECONDARY	2006	2010	N/A	2010	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SURIGAO STATE COLLEGE OF TECHNOLOGY	BACHELOR OF SCIENCE IN ELECTRONICS ENGINEERING	2010	2015	N/A	2015	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	FEBRUARY 19, 2025
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	ELECTRONICS ENGINEERING LICENSURE EXAMINATION	72.20%	APRIL 2016	SOUTHWESTERN UNIVERSITY, CEBU CITY	63892	04/30/2027
	ELECTRONICS TECHNICIAN LICENSURE EXAMINATION	81%	APRIL 2016	SOUTHWESTERN UNIVERSITY, CEBU CITY	10333	04/30/2019

V. WORK EXPERIENCE		Date	
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SIGNATURE		DATE	FEBRUARY 19, 2025
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FEBRUARY 19, 2025

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

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

(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)

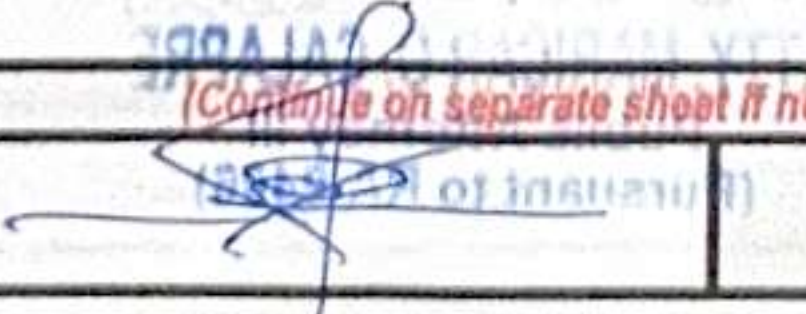
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	N/A	N/A	N/A	N/A	N/A	N/A

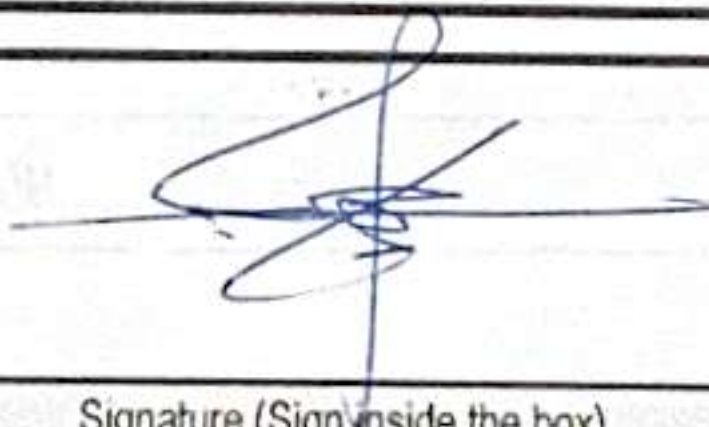
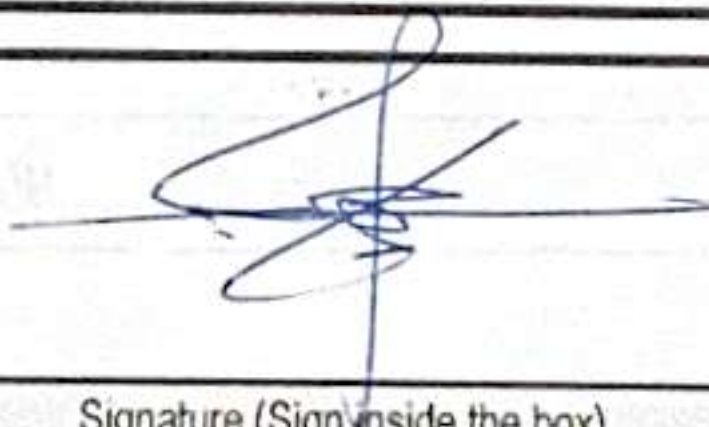
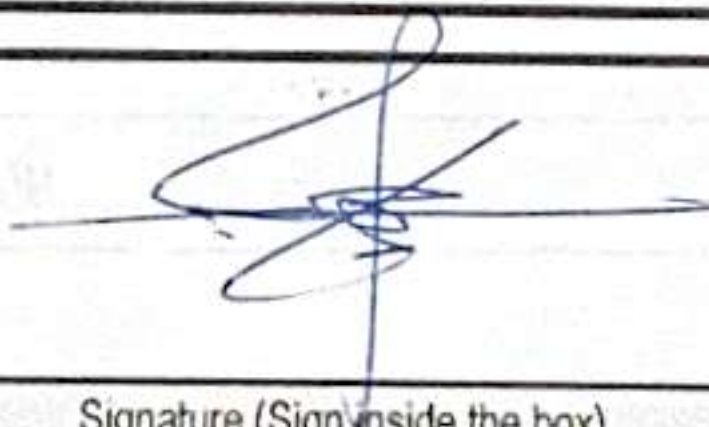






(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	PROGRAMMING		N/A		INSTITUTE OF ELECTRONICS ENGINEERS OF THE PHILIPPINES
	DATA ANALYTICS				
	TRAVELING				
	READING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	FEBRUARY 19, 2025
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>EVAN LLYOD GONZAGA</td><td>SASA I, DAVAO CITY</td><td>9277752297</td></tr><tr><td>RAMEZIS GO</td><td>COTABATO CITY</td><td>9157321249</td></tr><tr><td>JANN FRANCIS BARCIBAL</td><td>DAVAO CITY</td><td>9166650943</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	EVAN LLYOD GONZAGA	SASA I, DAVAO CITY	9277752297	RAMEZIS GO	COTABATO CITY	9157321249	JANN FRANCIS BARCIBAL	DAVAO CITY	9166650943
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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.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: DRIVERS LICENSE</td></tr><tr><td>ID/License/Passport No.: K07-20-004352</td></tr><tr><td>Date/Place of Issuance: 06/16/2021/ SURIGAO CITY</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: DRIVERS LICENSE	ID/License/Passport No.: K07-20-004352	Date/Place of Issuance: 06/16/2021/ SURIGAO CITY	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>FEBRUARY 19, 2025</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	FEBRUARY 19, 2025	Date Accomplished				
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<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>			Right Thumbmark										
													
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SUBSCRIBED AND SWORN to before me this <u>10 FEB 2025</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. MARICAR O. CALAPRE Public Attorney III (Person Administering Oath)</td></tr></table>			ATTY. MARICAR O. CALAPRE Public Attorney III (Person Administering Oath)										
													
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