

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	JOVEN		
FIRST NAME	JOHNVEN		NAME EXTENSION (JR., SR)
MIDDLE NAME	QUILONIA		
3. DATE OF BIRTH (mm/dd/yyyy)	6/15/1996	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	CATBALOGAN CITY, SAMAR	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
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 House/Block/Lot No. Street N/A ESTAKA BURI Subdivision/Village Barangay CATBALOGAN SAMAR City/Municipality Province
7. HEIGHT (m)	5'2	ZIP CODE	6700
8. WEIGHT (kg)	57.8		
9. BLOOD TYPE		18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A ESTAKA BURI Subdivision/Village Barangay CATBALOGAN SAMAR City/Municipality Province
10. GSIS ID NO.	NONE	ZIP CODE	6700
11. PAG-IBIG ID NO.	1812-1182-4222		
12. PHILHEALTH NO.	13-050197828-1		
13. SSS NO.	06-4038185-9	19. TELEPHONE NO.	NONE
14. TIN NO.	710-100-046	20. MOBILE NO.	09951271433
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	johnvenjoven15@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
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	NOVILLA			
FIRST NAME	RUBEN (DECEASED)	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BRAVO			
25. MOTHER'S MAIDEN NAME				
SURNAME	JOVEN			
FIRST NAME	MAXIMA			
MIDDLE NAME	QUILONIA			

(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	SAN VICENTE ELEMENTARY SCHOOL	PRIMARY			GRADUATED	2008	
SECONDARY	ALANGALANG NATIONAL HIGH SCHOOL	HIGH SCHOOL			GRADUATED	2012	
VOCATIONAL / TRADE COURSE							
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF LIBRARY AND INFORMATION SCIENCE	6/4/2012	3/21/2016	GRADUATED	2016	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE

DATE

MARCH 14, 2021



[illegible]

## V. WORK EXPERIENCE

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

[illegible]

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[illegible]

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/ TRAINING PROGRAMS ATTENDED	
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100. Training Program	

[illegible]

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

MARCH 14, 2021



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)?	<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 items: 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)		
NAME	ADDRESS	TEL. NO.
JULITA T. RAYA	CATBALOGAN CITY, SAMAR	9774150901
LOVELY S. CONDE	CATBALOGAN CITY, SAMAR	9358102035
ANGELICA D. GERADILA	CATBALOGAN CITY, SAMAR	9355964836
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.		



JOHNVEN Q. JOVEN

PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	PRC LICENSE
ID/License/Passport No.:	0008478
Date/Place of Issuance:	10/05/2017-TACLOBAN CITY

Signature (Sign inside the box)
MAY 14, 2021
Date Accomplished

Right Thumbmark

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

Person Administering Oath