

PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes w/ ☐ " and ☒ " and use separate sheet if necessary.

1. CS ID No.

(to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME	PALAGAR			
FIRST NAME	JOHN IVAN			
MIDDLE NAME	VILLALINO	3. NAME EXTENSION (e.g. Jr., Sr.)		
4. DATE OF BIRTH (mm/dd/yyyy)	NOV. 06, 1982	16. RESIDENTIAL ADDRESS	BRGY. 86, SAN JOSE, TACLOBAN CITY, LEYTE, PHILIPPINES	
5. PLACE OF BIRTH	TACLOBAN CITY	ZIP CODE		6500
6. SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female	17. TELEPHONE NO.		520-6106
7. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____	18. PERMANENT ADDRESS	BRGY. 86, SAN JOSE, TACLOBAN CITY, LEYTE, PHILIPPINES	
8. CITIZENSHIP	FILIPINO	ZIP CODE	6500	
9. HEIGHT (m)	5'7	19. TELEPHONE NO.	520-6106	
10. WEIGHT (kg)	140 lbs.	20. E-MAIL ADDRESS (if any)	john_ivan2007@yahoo.com	
11. BLOOD TYPE	A	21. CELLPHONE NO. (if any)	0928-799-1924	
12. GSIS ID NO.	Not Applicable	22. AGENCY EMPLOYEE NO.		
13. PAG-IBIG ID NO.		23. TIN	937-156-958	
14. PHILHEALTH NO.	13-050035547-7			
15. SSS NO.	06-2306-645-0			

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	Not Applicable	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		Not Applicable	/ /
MIDDLE NAME			/ /
OCCUPATION			/ /
EMPLOYER/BUS. NAME			/ /
BUSINESS ADDRESS			/ /
TELEPHONE NO.			/ /
(Continue on separate sheet if necessary)			/ /
26. FATHER'S SURNAME	Deceased		/ /
FIRST NAME			/ /
MIDDLE NAME			/ /
27. MOTHER'S MAIDEN NAME			/ /
SURNAME	PALAGAR		/ /
FIRST NAME	EVA		/ /
MIDDLE NAME	VILLALINO	(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY	DIVINE WORD UNIVERISTY		1995		1991	1995	
SECONDARY	LEYTE NATIONAL HIGH SCHOOL		1999		1996	1999	
VOCATIONAL / TRADE COURSE	NONE						
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF ARTS/ BACHELOR IN SECONDARY EDUC.	2003		1999	2003	
GRADUATE STUDIES	LEYTE NORMAL UNIVERSITY	M.A.T. LANGUAGE TEACHING	2006		2003	2006	
	LEYTE NORMAL UNIVERSITY	MASTER IN ENGLISH	2007		2006	2007	
	LEYTE NORMAL UNIVERSITY	DOCTOR OF ARTS IN LANGUAGE TEACHING	2010		2006	2010	
	VISAYAS STATE UNIVERSITY	MAGDEV	ONGOING	21 UNITS	2018	2021	
	UNIVERSITY OF LEUVEN	ADVANCED STUDIES IN LINGUISTICS	ONGOING	THESIS WRITING	2018	2021	

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	DATE OF RELEASE
LICENSURE EXAMINATION FOR TEACHERS	87.00%	08/01/2007	MANILA, PHILIPPINES	0975526	3/13/2008

(Continue on separate sheet if necessary)



V. WORK EXPERIENCE (Include private employment. Start from your current work)

30. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOV'T SERVICE (Yes / No)
From	To						
06/06/2003	06/06/2008	ENGLISH INSTRUCTOR	ASIAN DEVELOPMENT FOUNDATION COLLGE	16,000	N.A.	FULL TIME	NO
08/06/2008	09/ 14 /2012	ENGLISH INSTRUCTOR	PHILIPPINE SCIENCE HIGH SCHOOL	27,000	19	FULL TIME	YES
09 /16/2012	09 / 30/2018	ENGLISH INSTRUCTOR	BAHRAIN TRAINING INSTITUTE	150,000	N.A.	FULL TIME	YES
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S					
31.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	OXFAM AUSTRALIA (INTERNATIONAL YOUTH PARLIAMENT)	07/01/2004	07/01/2005	1 YEAR	YOUTH ACTIVITY PARTNER
	STUDENT ASSOCIATION FOR GRADUATE EDUCATION	06/01/2004	06/01/2005	1 YEAR	VICE-PRESIDENT
	STUDENT ASSOCIATION FOR GRADUATE EDUCATION	06/01/2005	06/01/2006	1 YEAR	PRESIDENT
		/ /	/ /		
		/ /	/ /		
(Continue on separate sheet if necessary)					
VII. TRAINING PROGRAMS (Start from the most recent training.)					
32.	TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
		From	To		
	WINTER SCHOOL IN LINGUISTICS	01/14/2019	01/21/2019	7 DAYS	UNIVERSITY OF AMSTERDAM
	4TH INTERNATIONAL CONFERENCE ON LITERATURE AND INFORMATION TECHNOLOGY	11/10/2008	11/13/2008	3 DAYS	CITY UNIVERSITY OF HONGKONG
	4TH ANNUAL CONFERENCE ON STABILIZING INDIGENOUS LANGUAGES	06/01/2007	06/02/2007	2 DAYS	EASTERN MICHIGAN UNIVERSITY
	5TH INTERNATIONAL CONFERENCE ON LANGUAGE TEACHER EDUCATION	05/31/2007	06/01/2007	2 DAYS	UNIVERISTY OF MINNESOTA
	DIPLOMACY TRAINING PROGRAM	07/13/2004	07/16/2008	3 DAYS	UNIVERSITY OF NEW SOUTH WALES
	INTERNATIONAL YOUTH PARLIAMENT (EDUCATION DIVISION)	07/08/2004	07/12/2004	5 DAYS	OXFAM AUSTRALIA
	SHIP FOR SOUTHEAST ASIAN YOUTH PROGRAM	09/09/2003	10/14/2003	54 DAYS	CABINET OFFICE OF JAPAN
(Continue on separate sheet if necessary)					
VIII. OTHER INFORMATION					
33.	SPECIAL SKILLS / HOBBIES:	34. NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)		35. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	VIOLIN PLAYING	YMCA AWARDEE		SSEAYP INTERNATIONAL PHILIPPINES	
	COMPUTER SKILLS	CHED-CITE SCHOLAR		INTERNATIONAL READING SOCIETY	
		CHED-FACULTY DEVELOPMENT PROGRAM SCHOLAR		OPEN LINGUISTICS JOURNAL	
(Continue on separate sheet if necessary)					
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36. Are you related by consanguinity or affinity to any of the following : a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed? b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____ _____
37 a. Have you ever been formally charged? b. Have you ever been guilty of any administrative offense?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____ _____
38. 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 type="checkbox"/> NO If YES, give details: _____ _____
39. 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, AWOL or phased out, in the public or private sector?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: I have resigned from my work as an English Instructor from ADFC last June 6, 2008
40. Have you ever been a candidate in a national or local election (except Barangay election)?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____
41. 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 differently abled? c. Are you a solo parent?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)		
NAME	ADDRESS	TEL. NO.
DR. MARIETTA B. ARINTO	TACLOBAN CITY	
DR. EVELYN B. AGUIRRE	TACLOBAN CITY	
DR. CONCHITA AVESTRUZ	TACLOBAN CITY	
43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.		
31822479 COMMUNITY TAX CERTIFICATE NO.	 SIGNATURE (Sign inside the box)	 PHOTO
TACLOBAN CITY ISSUED AT		
05/04/2019 ISSUED ON (mm/dd/yyyy)	03/10/2019 DATE ACCOMPLISHED	
RIGHT THUMBMARK		