

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.

CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	MEJORAS		
FIRST NAME	JUDE MATTHEW		NOT APPLICABLE
MIDDLE NAME	MONDARES		
3. DATE OF BIRTH (mm/dd/yyyy)	6/16/1999	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	BRGY. MONTEVERDE, BAYBAY CITY	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	NOT APPLICABLE House/Block/Lot No. Street NOT APPLICABLE MONTEVERDE Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	155m	ZIP CODE	6521
8. WEIGHT (kg)	60kg		
9. BLOOD TYPE			
10. GSIS ID NO.	NOT APPLICABLE		
11. PAG-IBIG ID NO.	NOT APPLICABLE	18. PERMANENT ADDRESS	NOT APPLICABLE House/Block/Lot No. Street NOT APPLICABLE MONTEVERDE Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
12. PhilHealth NO.		ZIP CODE	6521
13. SSS NO.		19. TELEPHONE NO.	NOT APPLICABLE
14. TIN NO.	723-357-919-000	20. MOBILE NO.	09201044549
15. AGENCY EMPLOYEE NO.	NOT APPLICABLE	21. E-MAIL ADDRESS (if any)	judeeymejoras@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NOT APPLICABLE		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR.)		N/A	
MIDDLE NAME				
OCCUPATION	NOT APPLICABLE			
EMPLOYER/BUSINESS NAME	NOT APPLICABLE			
BUSINESS ADDRESS	NOT APPLICABLE			
TELEPHONE NO.	NOT APPLICABLE			
24. FATHER'S SURNAME	MEJORAS			
FIRST NAME	MARIO	not applicable		
MIDDLE NAME	LAPOJA			
25. MOTHER'S MAIDEN NAME				
SURNAME	MONDARES			
FIRST NAME	MA. TERESA			
MIDDLE NAME	DAGANDANAN			

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	MAASIN CENTRAL SCHOOL	PRIMARY EDUCATION	6/5/2011	4/26/2012		2012	NOT APPLICABLE
SECONDARY	MAKINHAS NATIONAL HIGH SCHOOL	HIGH SCHOOL	6/3/2015	4/29/2016		2016	NOT APPLICABLE
VOCATIONAL / TRADE COURSE	UY INTEGRATED FARM	ORGANIC AGRICULTURE PRODUCTION	10/10/2022	11/10/2022		2022	TESDA SCHOLAR
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION, INC	BACHELOR OF SECONDARY EDUCATION MAJOR IN ENGLISH	6/10/2019	5/28/2022		2022	LGU AND TOP SCHOLAR
GRADUATE STUDIES	NOT APPLICABLE						

(Continue on separate sheet if necessary)

SIGNATURE	DATE
	07-13-2024

[illegible]







(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

g

03-13-2024

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Mark Michael O. Unlu-cay, MPA, Ph.D.</td> <td>Brgy. Bubon, Baybay City</td> <td>9992290058</td> </tr> <tr> <td>Melben P. Bundocan</td> <td>Brgy. Monteverde, Baybay City</td> <td>9380634615</td> </tr> <tr> <td>Genevieve Marie T. Bactasa, MA.</td> <td>Brgy. San Antonio, Baybay City</td> <td>9151729488</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Mark Michael O. Unlu-cay, MPA, Ph.D.	Brgy. Bubon, Baybay City	9992290058	Melben P. Bundocan	Brgy. Monteverde, Baybay City	9380634615	Genevieve Marie T. Bactasa, MA.	Brgy. San Antonio, Baybay City	9151729488
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>Driver's License</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>H12-24-000340</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>BAYBAY CITY LTO</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:	Driver's License	ID/License/Passport No.:	H12-24-000340	Date/Place of Issuance:	BAYBAY CITY LTO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) 03-13-2024 Date Accomplished </td> <td style="text-align: center;">  Right Thumbmark </td> </tr> </table>	 Signature (Sign inside the box) 03-13-2024 Date Accomplished	 Right Thumbmark
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<p>SUBSCRIBED AND SWORN to before me this <u>MAR 14 2024</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: right;"> <p>1969 PAGE NO. 19 BOOK NO. 11 SERIES OF 2024</p> </div> <div style="text-align: center;"> <p>ATTY. DECYROSE P. PAPA Public Attorney II (Pursuant to R.A. 9106)</p> </div> </div>													