

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	OPON		
FIRST NAME	JON JAY		NAME EXTENSION (JR., SR)
MIDDLE NAME	BOHOLST		
3. DATE OF BIRTH (mm/dd/yyyy)	08/30/2000	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	PORO, CEBU	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	Block 6 House/Block/Lot No. Street Holy Family LUNA Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.68	ZIP CODE	6541
8. WEIGHT (kg)	67		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	Block 6 House/Block/Lot No. Street Holy Family LUNA Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
10. GSIS ID NO	N/A	ZIP CODE	6541
11. PAG-IBIG ID NO	N/A		
12. PHILHEALTH NO	N/A		
13. SSS NO	N/A	19. TELEPHONE NO.	
14. TIN NO	633-830-898-00000	20. MOBILE NO.	09942365024
15. AGENCY EMPLOYEE NO	N/A	21. E-MAIL ADDRESS (if any)	jayopon7@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				
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO				
24. FATHER'S SURNAME	OPON			
FIRST NAME	RIC	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GONZALES			
25. MOTHER'S MAIDEN NAME				
SURNAME	BOHOLST			
FIRST NAME	ERMELITA			
MIDDLE NAME	DELA CRUZ			

(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	ORMOC ADVENTIST ELEMENTARY SCHOOL	PRIMARY EDUCATION	08/04/2007	03/22/2013		2013	ACADEMIC EXCELLENCE AWARD
SECONDARY	ORMOC CITY REGIONAL SPORTS ACADEMY	SENIOR HIGH SCHOOL	06/03/2013	04/03/2019		2019	WITH HONOR
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF PHYSICAL EDUCATION	08/01/2019	07/08/2024		2024	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 27, 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
	Drivers License		08/30/2018	Ormoc City	H03-19-000190	08/30/2033
	Licensure Examination for Teachers	87.0	03/23/2025	TACLOBAN CITY		

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

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


[illegible]

(Continue on separate sheet if necessary)				
SIGNATURE	<i>[Signature]</i>	DATE	May 27, 2025	

[illegible]**VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED**

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Photo Editing	12th PICPA Accounting Quiz Bowl	Tunob sa mga Adventistang Maamongin sa Kinabayan (TAMAK)
Video Editing		SDA Masterguide Ormoc Chapter
Basic Troubleshooting		

SIGNATURE		DATE	May 27, 2025
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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)?

☐ YES ☒ NO
☐ YES ☒ 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?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ NO
If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ 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?

☐ YES ☒ NO
If YES, please specify: _____
☐ YES ☒ NO
If YES, please specify ID No: _____
☐ YES ☒ NO
If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
Sheena Eunice B. Tabudlong	Baybay City , Leyte	9209585002
Leonida T. Tumalak	Ormoc City, Leyte	9359317590
Ria Faustine M. Lagare	Valencia , Bohol	9936509885

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.



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: Drivers License

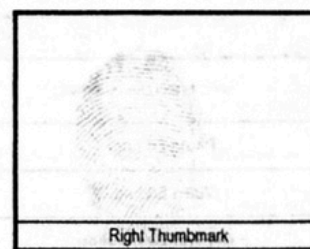
ID/License/Passport No. H03-19-000190

Date/Place of Issuance: 08/30/2023 Ormoc City

Signature (Sign inside the box)

07/08/2024

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