

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	DE LA CUESTA		
FIRST NAME	JERWIN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	N.A.		
3. DATE OF BIRTH (mm/dd/yyyy)	10/15/1990	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	LEYTE, LEYTE	If holder of dual citizenship, please indicate the details.	
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:		
7. HEIGHT (m)	163	17. RESIDENTIAL ADDRESS	MABINI
8. WEIGHT (kg)	50	ZIP CODE	House/Block/Lot No. Street
9. BLOOD TYPE	0+		POBLACION
10. GSIS ID NO.	2004159246		Subdivision/Village Barangay
11. PAG-IBIG ID NO.	1210-729029-75		LEYTE LEYTE
12. PHILHEALTH NO.	13-000106275-2		City/Municipality Province
13. SSS NO.	06-3104248-2	18. PERMANENT ADDRESS	MABINI
14. TIN NO.	413-996-670	ZIP CODE	House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.			POBLACION
			Subdivision/Village Barangay
			LEYTE LEYTE
			City/Municipality Province
		19. TELEPHONE NO.	6533
		20. MOBILE NO.	0919-092-5637
		21. E-MAIL ADDRESS (if any)	jerwindelacuesta@yahoo.com.ph

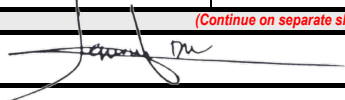
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	DE LA CUESTA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	KAREN MAE	NAME EXTENSION (JR., SR)	YZABELLA REIGN J. DE LA CUESTA	10/28/2023
MIDDLE NAME	JOSEPH			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME				
FIRST NAME	N.A.	NAME EXTENSION (JR., SR)		
MIDDLE NAME				
25. MOTHER'S MAIDEN NAME				
SURNAME	DE LA CUESTA			
FIRST NAME	EUGENIA			
MIDDLE NAME	TADEA		(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	LEYTE CENTRAL SCHOOL	ELEMENTARY	29/06/1996	03/07/2002			
SECONDARY	LEYTE AGRO INDUSTRIAL SCHOOL	SECONDARY	29/06/2002	03/07/2007			
COLLEGE	BILIRAN PROVINCE STATE UNIVERSITY	B.S. IN BUSINESS ADMINISTRATION	06/02/2007	03/11/2011		2011	DEAN'S LIST
GRADUATE STUDIES	BILIRAN PROVINCE STATE UNIVERSITY	MASTERS IN PUBLIC MANAGEMENT	06/15/2011	11/11/2011	9 units		
GRADUATE STUDIES	SAINT PETER'S COLLEGE OF ORMOC	TEACHER'S CERTIFICATE PROGRAM	09/10/2020	02/15/2021	18 units	2021	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTERS IN BUSINESS MANAGEMENT	09/15/2022	-	42 units	Candidate	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11/29/2023
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(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)

(Continue on se

DATE

11/29/2023

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

[illegible]

(Continue on separate sheet if necessary)

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

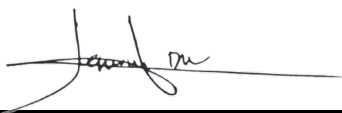
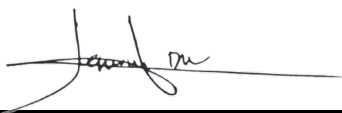
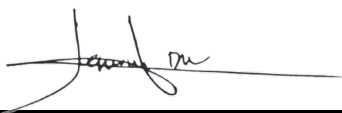

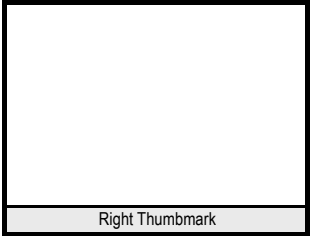

[illegible]

(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)
	FOREX TRADING				TAU GAMMA PHI - SCHOOL BASED
	DANCING				VSU - GRADAUTE STUDENT SOCIETY
	READING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11/29/2023
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<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 checked="" type="checkbox"/> YES <input 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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>CARY P. JAUCIAN, MBA</td> <td>ACLC COLLEGE OF ORMOC</td> <td>(053) 560-8000</td> </tr> <tr> <td>RICARDO O. CORPUZ, CPA</td> <td>AMTC - BGC, TAGUIG CITY</td> <td>(02) 501-8916</td> </tr> <tr> <td>FORTUNATO A. NICOLAS</td> <td>PDIC - MAKATI CITY</td> <td>(02) 841-4765</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	CARY P. JAUCIAN, MBA	ACLC COLLEGE OF ORMOC	(053) 560-8000	RICARDO O. CORPUZ, CPA	AMTC - BGC, TAGUIG CITY	(02) 501-8916	FORTUNATO A. NICOLAS	PDIC - MAKATI CITY	(02) 841-4765
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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>													
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<div style="text-align: center;">  PHOTO </div> <div style="text-align: center;">  Right Thumbmark </div>													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;">  Person Administering Oath </div>													