neomed	tion made in the Personal Data Sheet and the					ive/criminal case	rs against th	e person	
FAD THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHI	EET (PDS) BEFORE ACCO	MPLISHING T	THE PDS FO	I. CSIDIN	2	(Do not fill up	o. For CSC us	
int legibly. Tick appropriate boxes PERSONAL INFORMATIO		er in not approache: 55 tro	ABBILLYBILE						
SURNAME	BACLOJAN								
FIRST NAME	JAYVIE				-	NAME EXTENSION (-	
MIDDLE NAME	JONAO-AS					manager (respect			
3. DATE OF BIRTH (mm/dd/yyyy)	10/10/1995	16. CITIZENSHIP	Filipino Dual Citizenship				alization		
4. PLACE OF BIRTH	MAKATI	If holder of dual citizenship,				country:	ountry:		
5. SEX	☐ Male ☐ Female	please indicate the di	etails.	The state of the s	on the second			***************************************	
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS	House/Block/Lot No. TIT 90 K. 1 Subdivision/Village		No		Street		
-	Widowed Separated Other/s:	And the second second			e de la companya del companya de la companya de la companya del companya de la co	MATLAN	6		
7. HEIGHT (m)	1.65	6 YOUR THANKS			Barangay LEYTE				
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ZIP CODE		City/Municipality US 39			Province		
8. WEIGHT (kg)	75	18. PERMANENT ADDRESS	GVS					Sun A	
BLOOD TYPE	9,000 300 40		House/Block/Lot No.		Street				
O. GSIS ID NO.	N/A		TRRUK 1 Subdivision/Village				MATLANZ		
1. PAG-IBIG ID NO.	918 295 174 339		Is		,		L BYTE Province		
2. PHILHEALTH NO.	1202-5774-8850	ZIP CODE	0234				Name of the last		
3. SSS NO.	06-4200587 -4	19. TELEPHONE NO.	N/A						
4, TIN NO.	719-674-043	20. MOBILE NO.	09351677233						
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (If any)	jbjayvic@gmail.com			m			
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	BRCIOJAN		23. NAME of CHILDREN (Write full name and list all)				DATE OF BIR	TH (mm/dd/y)	
FIRST NAME	JESSICA MAE	NAME EXTENSION (JR., SR)	JESSIE BRIELLE C. BACLUTAN			BACLOJAN	01/30/2020		
MIDDLE NAME	CODILIA		-						
OCCUPATION	CALL CENTER AGENT								
EMPLOYER/BUSINESS NAME	TELEPERFORMANCE								
BUSINESS ADDRESS	IT PARK BRGY. LAHUG C	rebu city							
TELEPHONE NO.	029858000								
24. FATHER'S SURNAME	BACIOTAN	NAME EXTENSION (JR SR)							
FIRST NAME	JOSE	NAME EXTENSION (JR., SR)							
MIDDLE NAME	TRYPILES								
5. MOTHER'S MAIDEN NAME	Thin wh- Ar				41116				
SURNAME	JONAO-AS								
FIRST NAME									
MIDDLE NAME II. EDUCATIONAL BACKS	PEQUINO			(Co	ontinue on se	parate sheet if neces	sary)		
26 LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSH ACADEMIC HONORS RECEIVED	
ELEMENTARY	SAN JUAN CENTRAL ELEM. SCHOL	ELEMENTHE	,	2002		N/A	2008		
SECONDARY	JOSE P. LAUREL OR. HICHSCHOL	HIGH SCHOOL		2002	2012	N/K	2012	N/A N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	W/A	N/A	H/H	
COLLEGE	PAID IN FON INSTITUTE OF TECHNOLOGY	The state of the s	LEEP IV	2013	2018	N/A	2018		
			- FRI NG			DESCRIPTION OF REAL PROPERTY.	~1D	NA	
GRADUATE STUDIES	N/A	N/A	1	NA	N/A	N/A	NA	WA	

77. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	ATION / CONFER		LICENSE (if ap	Date of Validity	
LICENSURE EXPONINATION FOR MECHANICAL ENERGY		79.75	00/25/2018	SOUTH WESTERN UN	WEBSITY O	EDI CITY	0101243	10/10/2	
	A CONTRACTOR	for When went have	Says (San	· · · · · · · · · · · · · · · · · · ·	And the second section of		+ 00 010	W. 04 10 10 10 10	10/10/2
						100 Se 100			
				A Comment of the Comm	e and a survey or	almos man	- Adding		100
			1		7.04		The same party and		407
HILD (128)		MARK TO THE REAL PROPERTY.						The state of the state of	
			(Co	ontinue on separate sheet	If nacessary!		and the same		
WORK EXPE						7	以新疆		
	COLUMN PROPERTY.	L. Start from your recent	work) Description	on of duties should L	be indicated in the attack	ed Work Exp	PERSONAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN		
INCLUSIVE D (mm/dd/yy		POSITION TIT		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (If applicable)& STEP	STATUS OF APPOINTMENT	GOVT
From	То	(Write in full/Do not a	DDIEVIALE)	(vvnte in tu	II/Do not abbreviate)	SALARY	(Format 100-0") INCREMENT	APPOINTMENT	(V/N)
/3/2018 PRE	SENT	OPERATIONS ASSI	STANT	INJULAR OF	L CORPORATION	18000.0		REGULAR	
0 93	100		TARAT				Vis a		
	7377		1 15 10						
	-		700	2005/20					
	-		1,08/10			3 1 1 N C.	4 12 1		- 00 /
-			S.M. J.P. DIV	OHE CHE	BECT TO	E HANNEY O	E-P		- 99
	WE	Girth Liberty	S WELL THE	J Wash Edw A	BANG CO.		No.	1.0	OSTNO
	-		10.25		and the second second second second				-
	-	70.00		The same	TASA	3.1.1.1	MANG.		
				+	4				Var s
					Twel	New Street	N ANATONIA		Aug a
						1 1 1 2 3 3	1.31	PROMETER 1	RIVE
	-1			11 1	OFFICE OFFICE	10000 -10			10000
		-				a voge to	8 223		
						120			
	-		-		A L	-			
				-					130.0
The state of the s						-			
				The state of the same	The second second	-	-	Arriva da care	
	4.3	Salt of The Salt of Salt	3 = 1 = 1	alta a less		-			
		* - 7				A 7 9 34			
	0.11	Charles I		NOW THE	at Man Arman		Alle San		1
Alie 4	7 40			The state of the					
			-						
		100	TE LORD		NEW YORK				
	S. C. C. C.		(0)	onlinue on separate shap	(If necessary)	-	Carried Co.	· Constant	
SIGNATUR	SE.	Por			DATE		2/8/2	020	100

VI. VOLUNTARY WORK OF INVOLVEMENT I	N CIVIC / NON-GOVERNMENT		A DESCRIPTION OF THE PARTY OF T	RGANIZATION	Control of the Contro	
29. NAME & ADDRESS OF OR (Write in full)			VE DATES (d/yyyy) To	NUMBER OF HOURS	hall 101 16 61	DOCITION (MATHER OF WORK
			Acida	S Lewis Co. Is	ur Ingellen son	
	also so god 17 to					
			-	32.50		the state of the state of the
	和一个成为村里					
	204				in his ordin	Domain Carbon Castina Coll. 1
	part state					
VII. LEARNING AND DEVELOPMENT (L&D) I	Co INTERVENTIONS/TRAINING P	ntinue on separate	sheet If necessary	The state of the state of	1 10 mg and 10 mg	
Start from the most recent L&D training program and includ		r the last five (5) yea	us for Division Cl	lef/Executive/Mana	garial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		ATTEN	DATES OF DANCE (d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
ON ON	auch auf K tar	From	То	and all love	Technical/etc)	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T
		7-1-			910350	colored all calder freetyte the
56.5	cho sup CEVIT	Maj rogy rack a	n olday bis	nougate, iso	Santa A	Cathoric word again you SH o
0.01	204 L 185 H	molau terr	floors-(E) a	all edil geru	rs. Pesitore	e volet dinga asimili
	3		10/10/		landa e el	
and and a	islab Burn 23V II					
	and the same of th					
	4 4	Personal I	at Charles	O snight in	TVSAE, 19	As Prosper to (p) throughout Prophies
	I VER MASS SCOOL				Conne	Santa Carlo Maria Carlo Car
THE RESERVE OF THE PARTY OF THE	EW.					The state of the s
0/1/1	hous easen any II	1000				Trospora de sa
Control of the Contro	Lange Dresio Bar II					100 9(4) 45 (40) 50
				S. DW - U.		
etter navi entiq ()		- REBRIO	DA.			300
10000	AND DEPOSIT OF THE PARTY	, LSORL	建筑			
Section 1	(Aspend)	TATAL ST.	Eropuo, e		B. (1)	STEEL STEEL STEEL STEEL
The second secon	19:00 501 0.5		and the same of th		THE RESERVE OF THE PARTY OF	
Code stex	E STATE OF THE PARTY OF THE PAR	To the property	0 1 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	and get a	AL P 18 0	ALL SERVICES IN THE SECOND OF
	to proceedings	Constant a	PLANT OF THE	CAGASSIAS L	Discopers a	Completed strategy and the complete of the com
VIIL OTHER INFORMATION	/Ce	intinue an separate	sheet if necessary			
31. SPECIAL SKILLS and HOBBIES	NO.	N-ACADEMIC DISTI	CTIONS / PECCO	NITION		
	32		e in full)	71	and I	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE						
PLAYING BASKETBALL				11		
the property of the party of th	No. 3 /5 at 1 at 1 at 1 at 1			CHARLE SAL		
	The second second		-			CASCATA BE TO SECUL
SIGNATURE	Cor	oplicus on separate	sheet if necessary	- 04	TE	2/0/
	11	are an interest to the	And the same of the same of	UA UA		2 / 9 / 2020 CS FORM 212 (Paymed 2017), Page 3 of 4

34 Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,	T VEC TAID				
a. within the third degree?	YES NO				
b. within the fourth degree (for Local Government Unit - Care	☐ YES ☐ NO If YES, give details:				
35. a. Have you ever been found guilty of any administrative offe	☐ YES ☐ NO If YES, give details:				
b. Have you been criminally charged before any court?	YES NO If YES, give details: Date Filed: Status of Case/s:				
36. Have you ever been convicted of any crime or violation of arby any court or tribunal?	☐ YES NO If YES, give details:				
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er 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 Barangay election)?	☐ YES ☐ NO If YES, give details:				
election to promote/actively campaign for a national or local	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?				
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), a. 'Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐ YES				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
NAME	ADDRESS	TEL.NO.			
RYAN NAPALIT	CK VILLAGE ISABEL LEYTE	093, 241, 7289			
MARK JOSEPH C. LURE NANA	PATOMAON LEYTE	0935 592 3015			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this doct administrative/criminal case/s against me.	ent laws, rules and regulations of the esentative to verify/validate the content	Republic of the s stated herein.			
Government Issued ID (i.e.Passport; GSIS, SSS, PRC, Briver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PRC	July				
IDA I	STREET, STREET				
Date/Place of Issuance: 9/11/2019 PRC- DRMOC	Signature (Sign inside the t	15 15 15 15 15 15 15 15 15 15 15 15 15 1			
	Date Accomplished	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	, affiant exhib	iting his/her validly issued government ID as indicated above.			
	Person Administering Oa	ath .			