

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	DONAYRE		
FIRST NAME	JERLYN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MAARAT		
3. DATE OF BIRTH (mm/dd/yyyy)	06/26/1992	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	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	AREA 5 House/Block/Lot No. Street POBLACION ZONE 1 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.52	ZIP CODE	6521
8. WEIGHT (kg)	84	18. PERMANENT ADDRESS	AREA 5 House/Block/Lot No. Street POBLACION ZONE 1 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	O	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1212-5153-13-06	20. MOBILE NO.	9263081160
12. PHILHEALTH NO.	13-201231367-9	21. E-MAIL ADDRESS (if any)	jerlyndonayre@gmail.com
13. SSS NO.	06-4301074-5		
14. TIN NO.	758-315-417		
15. AGENCY EMPLOYEE NO.	N/A		

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	N/A	JENICA ROSE D. JABON	09/01/2012
MIDDLE NAME	N/A	FRANCHEZKA YLAINE D. JABON	01/15/2015
OCCUPATION	N/A	JERICO MATT D. JABON	05/01/2018
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	DONAYRE		
FIRST NAME	CEDRIC	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ILAIDA		
25. MOTHER'S MAIDEN NAME			
SURNAME	MAARAT		
FIRST NAME	LYDIA		
MIDDLE NAME	CONEJOS		

(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	BAYBAY NORT 1 CENTRAL SCHOOL	PRIMARY EDUCATION	2000	2005	GRADUATE	2005	N/A
SECONDARY	BAYBAY NATIONAL SCHOOL	SECONDARY EDUCATION	2005	2009	GRADUATE	2009	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN COMPUTER SCIENCE	2016	2023	124 UNITS	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE	02/24/2025
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[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)

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

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
N/A		N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

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

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	APPLICATION OF VIRTUAL REALITY TO AGRICULTURE, LAND USE AND TRANSPORTATION PLANS	06/22/2022	06/22/2022	8	TECHNICAL	VISAYAS STATE UNIVERSITY
	DISASTER RISK REDUCTION AND MANAGEMENT TRAINING FOR LGU-BAYBAY CITY	04/06/2022	04/06/2022	8	TECHNICAL	VISAYAS STATE UNIVERSITY
	98TH VSU ANNIVERSARY WEBINAR "MY CHANGING BODY"	02/05/2022	02/05/2022	4	TECHNICAL	VISAYAS STATE UNIVERSITY
	VIRTUAL DATA PRIVACY ACT 2012 AWARENESS SEMINAR	07/04/2022	07/04/2022	8	TECHNICAL	VISAYAS STATE UNIVERSITY
	WEBINAR ON MENOPAUSE AND OTHER COMMON GYNECOLOGIC PROBLEMS	3/31/2022	3/31/2022	4	TECHNICAL	VISAYAS STATE UNIVERSITY
	EASTERN VISAYAS PROJECT MONITORING SYSTEM	02/03/2022	02/03/2022	8	TECHNICAL	NATIONAL ECONOMIC AND DEVELOPMENT AUTHORITY
	RE-ORIENTATION OF EMPLOYEES' DUTIES AND RESPONSIBILITIES AND GOOD CUSTOMER SERVICE	9/31/2021	9/31/2021	8	TECHNICAL	VISAYAS STATE UNIVERSITY
	97TH VSU FUNDING ANNIVERSARY "THE BIGGEST LOSSER: VSU EDITION"	01/04/2021	01/04/2021	20hrs	TECHNICAL	VISAYAS STATE UNIVERSITY
	REBUILDING THE ECONOMY FROM THE COVID-19 PANDEMIC: THE ROLE OF SUCS AND HEIS	05/03/2021	05/03/2021	2.5	TECHNICAL	VISAYAS STATE UNIVERSITY
	CONTROL YOUR RECORDS BEFORE THEY CONTROL YOU: THE BASICS OF RECORDS MANAGEMNT AND RECORDS CONTROL	1/27/2021	1/27/2021	3	TECHNICAL	DOST-STII
	ISO 9001:2015 AWARENESS/RE-AWARENESS WEBINAR	11/27/2020	11/27/2020	8	TECHNICAL	VISAYAS STATE UNIVERSITY
	DOCUMENT TRACKING SYSTEM	11/13/2020	11/13/2020	3	TECHNICAL	VISAYAS STATE UNIVERSITY
	INFORMATION SECURITY AND DOCUMENT CONTROL	06/11/2020	06/11/2020	1	TECHNICAL	AGF
	OPERATIONAL PLANNING WORKSHOP AND REFRAMING OF THE STRATEGIC PLAN	05/10/2020	07/10/2020	24	TECHNICAL	VISAYAS STATE UNIVERSITY
	WORKSHOP ON THE ASSESSMENT OF ACCOMPLISHMENT AND TARGET SETTINGS OF THE STRATEGIC PLAN	9/30/2020	9/30/2020	8	TECHNICAL	VISAYAS STATE UNIVERSITY
	ORGANIZING YOUR VSU EMAIL FOR STRESS-FREE PRODUCTIVITY	11/20/2020	11/20/2020	1.5	TECHNICAL	VISAYAS STATE UNIVERSITY
	POSITIVE PROVOCATIONS	12/11/2016	12/11/2016	8	TECHNICAL	VISAYAS STATE UNIVERSITY
	SOFTWARE DEVELOPMENT	01/04/2009	09/06/2010	300	TECHNICAL	TESDA
	INFORMATION AND COMMUNICATION TECHNOLOGY	01/08/2008	09/05/2009	300	TECHNICAL	TESDA

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	GOOD COMMUNICATION SKILL		99% NATIONAL COLLEGE ASSESSMENT EXAMINATION		BASIC ECCLESIAL COMMUNITIES
	COMPUTER SKILL				
	SPREADSHEET (FORMULA, FUNCTION, TABLE, SCRIPT)				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/24/2025
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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> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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>

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

NAME	ADDRESS	TEL. NO.
GLENN G. PAJARES		



PHOTO

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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

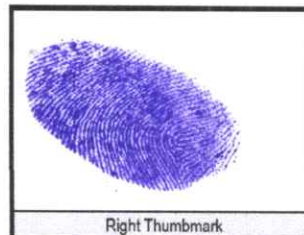
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **VOTERS ID**

ID/License/Passport No.: **3708-0062B-F2692JMD20000**

Date/Place of Issuance: **BAYBAY CITY, LEYTE**

Signature (Sign inside the box)
02/24/2025
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