PERSONAL DATA SHEET

WARNING: Any misrepresentat concerned.	ion made in the Personal Data Sheet and the	e Work Experience Sheet sh	all cause the	filing of adı	ministrative	/criminal case/s	against the p	erson
	TO FILLING OUT THE PERSONAL DATA SHE ightharpoonup) and use separate sheet if necessary. Indicate			E PDS FOR	M. 1. CS ID No.		(Do not fill up. F	or CSC use only)
I. PERSONAL INFORMATIO		THIS CAPPRODUCE DE TIO					, ,	**
2. SURNAME	TAMACA							
FIRST NAME	JEROME NAME EXTENSION (JR., SR)							
MIDDLE NAME	NIVAL							
3. DATE OF BIRTH	09-231990	16. CITIZENSHIP		Filipi	ino \Box	Dual Citizenship		
(mm/dd/yyyy)						by birth	by natural	ization
4. PLACE OF BIRTH	CARIGARA, LEYTE	If holder of dual citizer	nship,	Pls. indicate o			country:	
5. SEX	✓ Male Female	please indicate the details.						•
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS		ROSARIO ST			Street	
	Widowed Separated Other/s:					В	RGY. BAYBAY	
7. HEIGHT (m)	5'7			division/Village CARIGARA	9		Barangay LEYTE	
	60 kls.			ity/Municipality 06529		00500	Province	
8. WEIGHT (kg)		ZIP CODE 18. PERMANENT ADDRESS	DEL	. ROSARIO ST	-	00029		
9. BLOOD TYPE	type O	10.1 ENWAVENT ADDITES		se/Block/Lot No.		Street		
10. GSIS ID NO.			Sub	division/Village	9	В	RGY. BAYBAY Barangay	
11. PAG-IBIG ID NO.				CARIGARA City/Municipality		LEYTE Province		
12. PHILHEALTH NO.	13-050194695-9	3-050194695-9 ZIP CODE		6529				
13. SSS NO.	0111-9680547-7	19. TELEPHONE NO.						
14. TIN NO.	702-942-789	20. MOBILE NO.	0935-993-3938					
15. AGENCY EMPLOYEE NO.	0475	21. E-MAIL ADDRESS (if any)	jerometamca1990@gmail.com					
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME		NAME EXTENSION (JR., SR)	23. NAME of CHII	LDREN (Write	full name and	list all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME		Tu une extension (o.t., o.t.)						
MIDDLE NAME								
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	TAMACA	JR.						
FIRST NAME	GERARDO							
MIDDLE NAME	OSEP							
25. MOTHER'S MAIDEN NAME								
SURNAME	TAMACA							
FIRST NAME	LEONORA							
MIDDLE NAME	BOLIND		(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKG	ROUND							SCHOLARSHIP/
26. LEVEL		BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	C.A.T.A.M.C.S. CARIGARA, LEYTE	GRADUATES				GRADUATES	2003	
SECONDARY	JNHS CARIGARA, LEYTE	GRADUATES				GRADUIATES	2010	
VOCATIONAL / TRADE COURSE								
COLLEGE	HCCC CARIGARA, LEYTE	BACHELOR OF SECONDARY MAJOR IN MAPE				GRADUATES	2017	
GRADUATE STUDIES	UV MAIN CAMPUS CEBU CITY	CAMPUS CEBU CITY MASTER OF ARTS IN EDUCATION M PHYSICAL EDUCATION AND AI				UNDER GRADUATES	2018-2019	
		ontinue on separate sheet if nece	ssary)					
SIGNATURE	the survey			DA	TE		June 18 2021	

IV. CIVIL S	SERVICE ELIG	GIBILITY							
	EER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF	DI 405 05 5V4440V4	TION / 001/555		LICENSE (if a	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
	Driver's I	License			LTO Bayba	y City, Leyte)	H12-19-002558	09-23-2023
			(Co.	ntinue on separate sheet	if necessary)				
V. WORK	EXPERIENCE	ent. Start from your recei	né wark) Dagarinéia	n of duties abouted	he indicated in the ettech	had Mark Ex	:mavianaa aha	~4	
28. INCL	Vate employme LUSIVE DATES					iea work Ex	SALARY/ JOB/ PAY	et.	COMIT
(r From	mm/dd/yyyy) To	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY II/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
1/6/2017	03-31-2018	Basic Education Teac	her (JHS & SHS)		ege of the Immaculate	9000.00	into temetri	Contractual	
1/6/2018	12-30-2020	College Instructor an	d School Band	Franciscan Coll	ege of the Immaculate	15000.00		Contractual	
1/6/2018	12-30-2020	Moderat Administrator/Culture	and Art Program	Franciscan Coll	nception ege of the Immaculate	25000.00		Contractual	
	12 00 2020	Coordina	ator	Co	nception			Communication	
									-
									<u> </u>
									-
			(Cor	ntinue on separate sheet	if necessary)				
SIGN	IATURE	Home			DATE		June 18 2021		

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY (ORGANIZATIO	ON/S		
29. NAME & ADDRESS OF ORGANIZATION		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK	
(Write in full)		From	To	NOMBER OF HOURS		POSITION/ NATURE OF WORK	
В	(Con	tinue on separate	sheet if necessary)			
		INICLUSIVE	DATES OF				
30. TITLE OF LEARNING AND DEVELOPMENT INTE		INCLUSIVE DATES OF ATTENDANCE		NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write in full)		From	d/yyyy) To		Supervisory/ Technical/etc)	(Write in full)	
Culture and Art Performing Dance Troupe		1/6/2018	12-30-2020	1 hr/day	Lecture/dance Dem	Franciscan College of the Immaculate Conception	
		170/2010	12 00 2020				
Outreach Prograi				4 hrs.	Magerial	Franciscan College of the Immaculate Conception	
Internationalizing Research	Publication	06-08-2018	10/6/2018	8 hrs/day	Participants	UV Main Campus Cebu City	
Art and Wellness	3	10/12/2020	10/12/2020	2hrs	Resource Speaker	Franciscan College of the Immaculate Conception	
Component of High Quality Edu	cation Program		00-00-2018	3hrs	Resource Speaker	Franciscan College of the Immaculate Conception	
Implementing General Education Curriculum thr	ough Outcome-Based Education	04-17-2018		8 hrs	Participant	San Carlos University Talamban Campus	
	(Con	tinue on separate	sheet if necessary	<u> </u> ')	L		
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTI		NITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
			e in full)			(Write in full)	
Choreographer	Sch						
Event Coordinator							
Event Organizer							
Decorator							
Toastmaster							
i odsunastei							
	(Con	tinue on separate	sheet if naccessry	1			
SIGNATURE	adown (Con	uo on separate	occ il necessally		ATE	June 18 2021	
J. J	-MV					· · · · · · · · · · · · · · · · · · ·	

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,							
	a. within the third degree?	☐ YES ✓ N	0					
	b. within the fourth degree (for Local Government Unit - Care	er Employees)?	☐ YES ☑ N	0				
	, ,	If YES, give details:						
35.	a. Have you ever been found guilty of any administrative offe	nse?	☐ YES ☑ N	10				
			If YES, give details:					
				NO.				
	b. Have you been criminally charged before any court?		YES If YES, give details:	NO				
			Date Filed:					
			Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of an	y law, decree, ordinance or regulation	☐ YES ✓	NO				
	by any court or tribunal?		If YES, give details:					
37.	Have you ever been separated from the service in any of the		✓ YES	NO				
	retirement, dropped from the rolls, dismissal, termination, end		If YES, give details:					
	out (abolition) in the public or private sector?	Parkall Miles of the Control	for relocation/greener pastures					
38.	A. Have you ever been a candidate in a national or local electron Barangay election)?	tion held within the last year (except	☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during the		YES	NO				
	election to promote/actively campaign for a national or local of	candidate?	If YES, give details:					
39.			☐ YES ☑ NO					
			If YES, give details (country):					
40	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magi	na Carta for Disabled Parsons (DA						
10.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),							
a.	Are you a member of any indigenous group?	·	☐ YES □	NO				
			If YES, please specify:					
b.	Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:					
C.	Are you a solo parent?		YES NO					
	7 to you a colo parone.		If YES, please specify ID N	_				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant)	/appointee)						
	NAME	ADDRESS	TEL. NO.					
	CHERLYN MANGUIAT	BAYBAY CITY, LEYTE	9275293412					
	JENIFFER BELARMINO	BAYBAY CITY, LEYTE	9362380826					
		·						
	VIRGINIA GAVERO CARIGARA, LEYTE 9206641534							
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 repres							
	I agree that any misrepresentation made in this docu			PHOTO				
	administrative/criminal case/s against me.		_					
0	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)							
	LEASE INDICATE ID Number and Date of Issuance		~					
G	overnment Issued ID:	And ann						
10)/License/Passport No.:	211						
۱H	ate/Place of Issuance:	ox)						
Ľ	ate/Place of issuance.		Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
1								
		h						