

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	GUELOS		
FIRST NAME	JOSEPH	NAME EXTENSION (JR., SR)	
MIDDLE NAME	TATOY		
3. DATE OF BIRTH (mm/dd/yyyy)	28/12/1989	16. CITIZENSHIP	<input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	SABANG, LAPU-LAPU CITY	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	N.A. N.A. House/Block/Lot No. Street
7. HEIGHT (m)	1.62	ZIP CODE	N.A. BAGONG BAYAN Subdivision/Village Barangay
8. WEIGHT (kg)	62		BATO LEYTE City/Municipality Province
9. BLOOD TYPE	O		6525
10. GSIS ID NO.	BP/LPO2004574848		
11. PAG-IBIG ID NO.	121092896434	18. PERMANENT ADDRESS	N.A. N.A. House/Block/Lot No. Street
12. PHILHEALTH NO.	120509952774	ZIP CODE	N.A. BAGONG BAYAN Subdivision/Village Barangay
13. SSS NO.	06-3142125-2		BATO LEYTE City/Municipality Province
14. TIN NO.	409079084000		6525
15. AGENCY EMPLOYEE NO.	4792043		
		19. TELEPHONE NO.	N.A.
		20. MOBILE NO.	09560383320
		21. E-MAIL ADDRESS (if any)	joseph.guelos08@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GUELOS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ROVELYN	NAME EXTENSION (JR., SR)	NILE SEALTIEL J. GUELOS	10/28/2022
MIDDLE NAME	JARDIN			
OCCUPATION	DEPED NURSE			
EMPLOYER/BUSINESS NAME	DEPARTMENT OF EDUCATION-LEYTE DIVISION			
BUSINESS ADDRESS	BATO, LEYTE			
TELEPHONE NO.				
24. FATHER'S SURNAME	GUELOS			
FIRST NAME	LAURENCIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PITALLAR			
25. MOTHER'S MAIDEN NAME				
SURNAME	TATOY			
FIRST NAME	SUSANA			
MIDDLE NAME	IGOT			
(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	SUBA ELEMENTARY SCHOOL	ELEMENTARY GRADUATE	1996	2002	GRADUATED	2002	VALEDICTORIAN
SECONDARY	STA. ROSA NATIONAL HIGH SCHOOL	SECONDARY GRADUATE	2002	2006	GRADUATED	2006	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	HIGH SKILL TRAINING CENTER	ELECTRONICS	2016	2016	GRADUATED	2016	-
COLLEGE	UNIVERSITY OF CEBU-LAPLAPU AND MANDAUE	B.S. NURSING	2006	2010	GRADUATED	2010	CUM LAUDE
	UNIVERSITY OF CEBU-LAPLAPU AND MANDAUE	B.S. IN SECONDARY EDUCATION	2011	2011	18 UNITS	-	-
GRADUATE STUDIES	SOUTHWESTERN UNIVERSITY	MASTER OF ARTS IN TEACHING, MAJOR IN SCIENCE	2013	2014	GRADUATED	2014	-
	CEBU NORMAL UNIVERSITY	DOCTOR OF EDUCATION, MAJOR IN SCIENCE EDUCATION	2016	PRESENT	51 UNITS (CAR with compre)	-	-

(Continue on separate sheet if necessary)

SIGNATURE

DATE

September 5, 2023


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
	PRC - NURSING LICENSURE EXAM	82.20	JULY, 2010	CEBU CITY	0652876	28/12/2024
	PRC - LICENSURE EXAM FOR TEACHERS	83.00	SEPT. 25, 2011	CEBU CITY	1119191	28/12/2024







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

[illegible]

SIGNATURE		DATE	September 5, 2023
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September 5, 2023

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			
	Futurity Education-Peer Reviewed Scientific Journal/DOAJ member (E-ISSN: 2956-3402)- Poland	03/03/2023	Present	NA	Regular Peer Reviewer	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
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			
	IN-SERVICE TRAINING FOR TEACHERS (INSET) 2021	03/15/ 2021	03/19/2021	40.0	TECHNICAL	DEPARTMENT OF EDUCATION (NATIONAL LEVEL)
	IN-SERVICE TRAINING FOR TEACHERS (INSET) 2020	12/14/ 2020	12/19/2020	48.0	TECHNICAL	DEPARTMENT OF EDUCATION (DISTRICT LEVEL)
	5-DAY IN-SERVICE TRAINING FOR TEACHERS (INSET) 2019	10/21/ 2019	10/25/2019	40.0	TECHNICAL	DEPARTMENT OF EDUCATION (DISTRICT LEVEL)
	IN-SERVICE TRAINING FOR TEACHERS (INSET) 2019	05/28/ 2019	05/31/2019	32.0	TECHNICAL	DEPARTMENT OF EDUCATION (DISTRICT LEVEL)
	IN-SERVICE TRAINING FOR TEACHERS (INSET) 2018	10/22/ 2018	10/26/2018	40.0	TECHNICAL	DEPARTMENT OF EDUCATION (DISTRICT LEVEL)
	SHS MASS TRAINING OF TEACHERS FOR ACADEMIC TRACK-BATCH 6	02/12/2018	02/17/2018	48.0	TECHNICAL	DEPARTMENT OF EDUCATION (REGIONAL LEVEL)
	IN-SERVICE TRAINING FOR TEACHERS (INSET) SY. 2017-2018	10/23/2017	10/27/2017	40.0	TECHNICAL	DEPARTMENT OF EDUCATION (DISTRICT LEVEL)
	SHS MASS TRAINING OF TEACHERS FOR APPLIED SUBJECTS	08/14/2017	08/18/2017	40.0	TECHNICAL	DEPARTMENT OF EDUCATION (REGIONAL LEVEL)
	DIVISION TRAINING-WORKSHOP IN CONDUCTING ACTION RESEARCH	05/23/2017	05/25/2017	24.0	TECHNICAL	DEPARTMENT OF EDUCATION (DIVISION LEVEL)
	SCHOOL-BASED MANAGEMENT SEMESTRAL DISTRICT IN-SERVICE TRAINING	10/27/2016	10/28/2016	16	TECHNICAL	DEPARTMENT OF EDUCATION (DISTRICT LEVEL)
	SHS MASS TRAINING FOR ACADEMIC TRACK	08/20/2016	08/28/2016	68.0	TECHNICAL	DEPARTMENT OF EDUCATION (REGIONAL)
	SHS MASS TRAINING OF TEACHERS FOR COMMON TOPICS	06/28/2016	07/01/2016	32.0	TECHNICAL	DEPARTMENT OF EDUCATION (REGIONAL)
	DIVISION ROBOTICS FOR EDUCATION TRAINING OF TRAINORS	05/23/2016	05/26/2016	24.0	TECHNICAL	DEPARTMENT OF EDUCATION (DIVISION LEVEL)
	USE, CARE, AND CONTENT ENRICHMENT FOR HIGH SCHOOL SCIENCE TEACHERS OF RECIPIENT SCHOOLS OF NSTIC DISTRIBUTED SCIENCE EQUIPMENT	12/15/2014	12/19/2014	40.0	TECHNICAL	DEPARTMENT OF EDUCATION (REGIONAL LEVEL)
	CHILDHOOD PROTECTION POLICY	10/20/2014	10/22/2014	24.0	TECHNICAL	DEPARTMENT OF EDUCATION (DISTRICT LEVE
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	WRITNG CEBUANO POEMS, ARTICLES, BOOKS, WATCHING AND ANALYZING SPORTS IN BOXING	DONOR TO SCHOOL PROJECTS			UNIVERSITY OF CEBU ALUMNI ASSOC. INC.	
					ORCID.ORG	
					ACADEMIA.EDU	
SIGNATURE					DATE	
					September 5, 2023	

<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 style="text-align: center;">RESIGNATION (private)</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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>GIL C. LIMPANGOG</td> <td>TINGO, LAPU-LAPU CITY</td> <td>9105662730</td> </tr> <tr> <td>RANDY M. DIOKO</td> <td>AGUJO, LAPU-LAPU CITY</td> <td>9076261324</td> </tr> <tr> <td>LEONOR R. CULPA</td> <td>TINGO, LAPU-LAPU CITY</td> <td>NA</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	GIL C. LIMPANGOG	TINGO, LAPU-LAPU CITY	9105662730	RANDY M. DIOKO	AGUJO, LAPU-LAPU CITY	9076261324	LEONOR R. CULPA	TINGO, LAPU-LAPU CITY	NA
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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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