

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	CONSTANTINO			
FIRST NAME	JESSICA	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LLAMES			
3. DATE OF BIRTH (mm/dd/yyyy)	10/23/2024	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	HINUNANGAN SOUTHERN 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	R.MAGSAYSAY AVENUE House/Block/Lot No. Street POBLACION ZONE 10 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province	
7. HEIGHT (m)	1.52	18. PERMANENT ADDRESS	R.MAGSAYSAY AVENUE House/Block/Lot No. Street POBLACION ZONE 10 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province	
8. WEIGHT (kg)	59		ZIP CODE	
9. BLOOD TYPE	O+			
10. GSIS ID NO.	NA			
11. PAG-IBIG ID NO.	1213-1401-4195			
12. PHILHEALTH NO.	13-025290267-9	ZIP CODE	6521	
13. SSS NO.	06-4543365-0	19. TELEPHONE NO.	NA	
14. TIN NO.		20. MOBILE NO.	09656934176	
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	Jessicaconstantino2607@gmail.com	

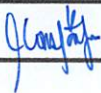
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR., SR)	CXIAN TAYLER C. GEAN	11/7/2016
MIDDLE NAME	NA		PSALMANTHA BLISS C. GEAN	8/26/2020
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	CONSTANTINO			
FIRST NAME	EUSTAQUIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TAGNIPUZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	LLAMES			
FIRST NAME	ELMA			
MIDDLE NAME	ADVINCULA		(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	MACARTHUR CENTRAL SCHOOL	PRIMARY	2006	2009	GRADUATED	2009	NA
SECONDARY	MACARTHUR NATIONAL HIGH SCHOOL	SECONDARY	2009	2013	GRADUATED	2013	NA
VOCATIONAL / TRADE COURSE	FRANCISCAN IMMACULATE CONCEPTION	BACHELOR OF SECONDARY EDUCATION	2022	2023	21 UNITS	NA	NA
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN DEVELOPMENT EDUCATION	2014	2019	GRADUATED	2019	NA
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	8/8/2024
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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.

28	INCLUSIVE DATES				SALARY/ JOB/ PAY		GOVT
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[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	8/8/2024
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[illegible]

(Continue on separate sheet if necessary)


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

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	8/8/2024
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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 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>													
<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>HONEY SOFIA V. COLIS</td> <td>HRMO,VSU BAYBAY</td> <td>1080</td> </tr> <tr> <td>FLORANTE G. DIDAL</td> <td>HRMO-PLBO,VSU</td> <td>1080</td> </tr> <tr> <td>SUZETTE B. LINA</td> <td>DSS,VSU</td> <td>1036</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	HONEY SOFIA V. COLIS	HRMO,VSU BAYBAY	1080	FLORANTE G. DIDAL	HRMO-PLBO,VSU	1080	SUZETTE B. LINA	DSS,VSU	1036	
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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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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 80px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>														