PERSONAL DATA SHEET

WARNING: Any misrepresenta	tion made in the Pe	ersonal Data Sheet and the	Work Experience Sheet shall	cause the fi	ling of admi	nistrative/c	riminal case/s aga	ainst the pers	son	
concerned. READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	TO FILLING OUT	THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCOMP	LISHING TH	E PDS FOR				or CSC use only)	
I. PERSONAL INFORMATION										
2. SURNAME	CONSTANTINO									
FIRST NAME	JESSICA						NAME EXTENSION (JR.,	SR)		
MIDDLE NAME	LLAMES						*			
DATE OF BIRTH (mm/dd/yyyyy)		10/23/2024	16. CITIZENSHIP	✓ Filipino			Dual Citizenship			
4. PLACE OF BIRTH	HINUNANGA	AN SOUTHERN LEYTE	If holder of dual citizens	enship, Pls. indicate c						
5. SEX	☐ Male	✓ Female	please indicate the deta	please indicate the details.						
6 CIVIL STATUS	Single Widowed Other/s:	☐ Married ☐ Separated	17. RESIDENTIAL ADDRESS	ADDRESS House/Block/Lot No. Subdivision/Village			R MAGSAYSAY AVEN Street POBLACION ZONE Barangay			
7. HEIGHT (m)		1.52			BAYBAY CITY ity/Municipality			LEYTE Province		
8. WEIGHT (kg)		59	ZIP CODE		жултинісірані <u>ў</u>					
9. BLOOD TYPE		0+	18. PERMANENT ADDRESS	House/Plack/Let Ma			R.MAG	SSAYSAY AVEN	UE	
10. GSIS ID NO.	NA 1213-1401-4195 13-025290267-9				POBLACIO			ACION ZONE 1 Barangay	0	
11. PAG-IBIG ID NO.				Subdivision/Village BAYBAY CITY City/Municipality				LEYTE Province		
12. PHILHEALTH NO.			ZIP CODE		City/Municipality P 6521					
13. SSS NO.	06-4543365-0		19. TELEPHONE NO.		NA					
14. TIN NO.			20. MOBILE NO.		09656934176					
15. AGENCY EMPLOYEE NO.	15. AGENCY EMPLOYEE NO. NA				Jessicaconstantino2607@gmail.com					
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME		NA		23. NAME of Ch	HILDREN (Writ			DATE OF BIRT	ΓΗ (mm/dd/yyyy)	
FIRST NAME	NA		NAME EXTENSION (JR., SR)		CXIAN TAYLER C. GEAN 11/7/2			/2016		
MIDDLE NAME		NA		P	PSALMANTHA BLISS C. GEAN				8/26/2020	
OCCUPATION		NA								
EMPLOYER/BUSINESS NAME		NA								
BUSINESS ADDRESS		NA								
TELEPHONE NO.		NA								
24. FATHER'S SURNAME	CONSTANTING									
FIRST NAME	EUSTAQUIO		NAME EXTENSION (JR., SR)							
MIDDLE NAME	MIDDLE NAME TAGNIPEZ									
25. MOTHER'S MAIDEN NAME										
SURNAME	LLAMES									
FIRST NAME	ELMA									
MIDDLE NAME	ADVINCULA			(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKO	GROUND								COLIOI ADOLUC	
26. LEVEL	NA	ME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	MACARTHU	JR CENTRAL SCHOOL	PRIMARY		2006	2009	GRADUATED	2009	NA	
SECONDARY	MACARTHUR	NATIONAL HIGH SCHOOL	SECONDARY		2009	2013	GRADUATED	2013	NA	
VOCATIONAL / TRADE COURSE	FRANCISCAN IN	MACULATE CONCEPTION	BACHELOR OF SECO	NDARY	2022	2023	21 UNITS	NA	NA	
COLLEGE	VISAYAS	STATE UNIVERSITY	BACHELOR OF SCIENT DEVELOPMENT EDUC		2014	2019	GRADUATED	2019	NA	
GRADUATE STUDIES		NA	NA NA		NA	NA	NA	NA	NA	
		1.	ontinue on separate sheet if neces	sary)						
SIGNATURE		a Cantal			DA	ITE	8/8	2024		

. CARE	ER SERVICE/ RA 1080	(BOARD/ BAR) UNDER	RATING	DATE OF	DI ACE OF EVALUATION	TION LOOPIES	DMENT	LICENSE (if a	-
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	CONFERMENT	EXAMINATION / PLACE OF EXAMINATION CONFERMENT			NUMBER	Date o	
CS	SC PROFESSIONAL	L ELIGIBLE	82.9	3/3/2024	ORMO	ORMOC CITY		NA	NA
	EXPERIENCE	Start from your recer		ntinue on separate sheet if	necessary) indicated in the attach	ed Work Ex	perience shee		
8. INCL	USIVE DATES nnv/dd/yyyy) To	POSITION T (Write in full/Do not	ITLE	DEPARTMENT / AGEN	ICY / OFFICE / COMPANY to not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV" SERVIO
/23/2023	3/30/2023	ADMIN AIDE III	(CLERK)		SOIL SCIENCE, VSU	13K	2	JO	Y
/1/2024	PRESENT	ADMIN AIDE III		HUMAN RESOUR	AY CITY RCE MANAGEMENT J BAYBAY CITY	13K	2	JO	Y
					P. C.				
SIGN	IATURE	Ofmix	Ar (Co	ntinue on separate sheet ii	necessary) DATE		8/8/2024		

SO AWARENESS SEMINAR 2152023 2152023 1 HOUR MANAGERIAL VSU,BAYBAY CITY	VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / I	PEOPLE / VC	LUNTARY O	RGANIZATION	WS		
NA N			(mm/dd/yyyy)		POSITION / NATURE OF WORK		
STATE OF LEARNING AND DEVELOPMENT (LAD) INTERVENTIONSTRANNING PROGRAMS THE INCHES	NA			NA	NA		
STATE OF LEARNING AND DEVELOPMENT (LAD) INTERVENTIONSTRANNING PROGRAMS THE INCHES							
STATE OF LEARNING AND DEVELOPMENT (LAD) INTERVENTIONSTRANNING PROGRAMS THE INCHES							
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STATE OF LEARNING AND DEVELOPMENT (LAD) INTERVENTIONSTRANNING PROGRAMS THE INCHES			t11				
TITLE OF LEARNING AND CRESIC CONSIDER TO REPORT INTERMENTAL CONTROL PROPERTY OF THE PROPERTY		CONTRACTOR OF STREET	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN				
From To To MANAGERIAL SUBAYBAY CITY			ATTENDANCE		(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
SPECIAL COURSE TRAINING ON THE RA 9184 AND TS REVISED 8/22/2023 24 HOURS MANAGERIAL VSU BAYBAY CITY METERITING PULES AND REQULATION ACT OF 2016 FOR YOU 8/26/2023 24/2023 1 HOUR MANAGERIAL VSU BAYBAY CITY							
MICLEMENTING ROLLES AND RESOLUCTION ACT OF 2016 FOR VISU 0723/0723							
UNLOCKING EXCELLENCE: 5S REVOLUTION FOR CLERKS AND HEADS AT 11/29/2024 11/29/2024 8 HOURS MANAGERIAL VSUBAYBAY CITY VISUAYA'S STATE INMERISHIPS AND HEADS AT 47/25/2023 11/29/2024 11/29/20	IMPLEMENTING RULES AND REGULATION ACT OF 2016 FOR VSU			-			
1128/2224 1128		8/29/2023	8/29/2023	1 HOUR	MANAGERIAL		
SHAPING CULTURE EMBRACING VALUES FOR PRODUCTIVE WORKPLACE PERFLORMANCE		11/29/2024	11/29/2024	8 HOURS	MANAGERIAL	VSU,BAYBAY CITY	
PERFORMANCE		4/25/2023	4/25/2023	1 HOUR	MANAGERIAL	VSU,BAYBAY CITY	
VISU 123204 113204 113205 1130 1130 1130 1130 1130 1130 1130 11	PERFORMANCE	5/15/2024	5/15/2024	8 HOURS	MANAGERIAL	VSU,BAYBAY CITY	
		7/29/2024	7/29/2024	4 HOURS	MANAGERIAL	VSU,BAYBAY CITY	
(Continue on separate sheet if necessary)	VIII. OTHER INFORMATION 31. SPECIAL SKILLS and HOBBIES 32. NON-	-ACADEMIC DISTII (Writ	NCTIONS / RECOC e in full)			(vvrite in full)	
SIGNATURE UNITY DATE 8 8 2024	DIGNATURE A. A.	tinue on separate	sheet if necessary		ATE	81 8 1202M	

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? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ 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 an any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fit the public or private sector?	☐ YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local electron Barangay election)?	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
a. b. c.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	☐ YES If YES, please specify: ☐ YES If YES, please specify ID ☐ YES If YES, please specify ID	✓ NO			
41.	REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)				
	NAME	ADDRESS	TEL. NO.			
	HONEY SOFIA V. COLIS	HRMO,VSU BAYBAY	1080	12.5		
	FLORANTE G. DIDAL	1080				
	SUZETTE B. LINA	1036				
42	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of perting Philippines. I authorize the agency head/authorized repressagree that any misrepresentation made in this doct administrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents stat	Republic of the ed herein.	JESSICA) L. CONSTANTINO PHOTO		
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance					
	Sovernment Issued ID: NATIONAL ID					
	D/License/Passport No.: 3089-6528-1726-3129	Signature (Sign inside the t	pox)	Halishyna		
	Date/Place of Issuance: 09/22/2022		Right Thumbmark			
Γ	SUBSCRIBED AND SWORN to before me this	, affiant exhi	piting his/her validly issued (government ID as indicated above.		
		1				
1		Person Administering Oa	th			