

## 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	BENA		
FIRST NAME	JESSA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	SUAN		
3. DATE OF BIRTH (mm/dd/yyyy)	06/22/1998	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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.47 m	17. RESIDENTIAL ADDRESS	N/A N/A House/Block/Lot No. Street SITIO SAN VICENTE KILIM Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	65 kg.	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street SITIO SAN VICENTE KILIM Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
9. BLOOD TYPE	O+	19. TELEPHONE NO.	
10. GSIS ID NO.	NOT APPLICABLE	20. MOBILE NO.	(+63) 950 832 1608
11. PAG-IBIG ID NO.	1211-8747-8815	21. E-MAIL ADDRESS (if any)	jssbena@gmail.com
12. PHILHEALTH NO.	02-251622131-7		
13. SSS NO.	36-6402088-5		
14. TIN NO.	494-884-302		
15. AGENCY EMPLOYEE NO.	NOT APPLICABLE		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NOT APPLICABLE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NOT APPLICABLE	NAME EXTENSION (JR., SR)	ELLAINE YSABELLE B. MAHINAY	11/30/2020
MIDDLE NAME	NOT APPLICABLE			
OCCUPATION	NOT APPLICABLE			
EMPLOYER/BUSINESS NAME	NOT APPLICABLE			
BUSINESS ADDRESS	NOT APPLICABLE			
TELEPHONE NO.	NOT APPLICABLE			
24. FATHER'S SURNAME	BENA			
FIRST NAME	VICTOR	JR.		
MIDDLE NAME	SAPIN			
25. MOTHER'S MAIDEN NAME				
SURNAME	SUAN			
FIRST NAME	ALMA			
MIDDLE NAME	POGOSA			

(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	NUEVE DE FEBRERO ELEMENTARY SCHOOL	NOT APPLICABLE	07/06/2004	24/03/2010	N/A	2010	N/A
SECONDARY	HIGHWAY HILLS INTEGRATED SCHOOL	NOT APPLICABLE	07/06/2010	31/03/2014	N/A	2014	N/A
VOCATIONAL / TRADE COURSE	NOT APPLICABLE	NOT APPLICABLE	N/A	N/A	N/A	N/A	N/A
COLLEGE	POLYTECHNIC UNIVERSITY OF THE PHILIPPINES - MANILA	BS IN BUSINESS ADMINISTRATION - MARKETING MANAGEMENT	09/06/2014	18/10/2019	4TH YEAR- 1ST SEM	N/A	N/A
GRADUATE STUDIES	NOT APPLICABLE	NOT APPLICABLE	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/19/2022
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[illegible]

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

[illegible]

SIGNATURE		DATE	10/19/2022
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[illegible]

(Continue on separate sheet if necessary)

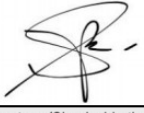
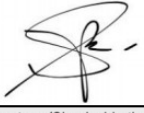
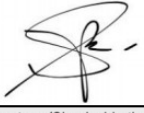

[illegible]

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
INTERPERSONAL SKILL	NOT APPLICABLE	NOT APPLICABLE
KEEN TO DETAILS		
CUSTOMER SERVICE SKILLS		
ADAPTABILITY		
WATCHING INVESTIGATIVE SERIES/ DOCUMENTARIES		
READING FICTIONAL STORIES		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/19/2022
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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 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: right;">END OF TERM</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>ROSALINA TABARANZA</td> <td>CEBU</td> <td>N/A</td> </tr> <tr> <td>AL RYAN MAHINAY</td> <td>BAYBAY CITY</td> <td>N/A</td> </tr> <tr> <td>MARSCHAN JOSOL</td> <td>MANILA</td> <td>N/A</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	ROSALINA TABARANZA	CEBU	N/A	AL RYAN MAHINAY	BAYBAY CITY	N/A	MARSCHAN JOSOL	MANILA	N/A
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AL RYAN MAHINAY	BAYBAY CITY	N/A											
MARSCHAN JOSOL	MANILA	N/A											
<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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>UMID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>0111-7910808-1</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>MANDALUYONG CITY</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	UMID	ID/License/Passport No.:	0111-7910808-1	Date/Place of Issuance:	MANDALUYONG CITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">             Signature (Sign inside the box)            10/19/2022            Date Accomplished         </td> </tr> </table>	 Signature (Sign inside the box) 10/19/2022 Date Accomplished	
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<div style="text-align: center;">             JESSA S. BENA            PHOTO         </div> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div> <div style="text-align: center; margin-top: 5px;">Right Thumbmark</div>													
<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: 100%; height: 60px; margin-top: 10px;"></div> <div style="text-align: center; margin-top: 5px;">Person Administering Oath</div>													