

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	JUNIO		
FIRST NAME	JAVES	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LUCANAS		
3. DATE OF BIRTH (mm/dd/yyyy)	07/05/2002	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	ORMOC CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	CAIMITO Street MARGEN Barangay ORmoc City/Municipality LEYTE Province 6541
7. HEIGHT (m)	1.49	18. PERMANENT ADDRESS	CAIMITO Street MARGEN Barangay ORmoc City/Municipality LEYTE Province 6541
8. WEIGHT (kg)	42	19. TELEPHONE NO	N/A
9. BLOOD TYPE	N/A	20. MOBILE NO.	09979728643
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	junijaves23@gmail.com
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A		
14. TIN NO.	N/A		
15. AGENCY EMPLOYEE NO	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	JUNIO			
FIRST NAME	ROLANDO	NAME EXTENSION (JR., SR)	JK.	
MIDDLE NAME	DAMAYO			
25. MOTHER'S MAIDEN NAME				
SURNAME	LUCANAS			
FIRST NAME	AMELITA			
MIDDLE NAME	BANDINO			

(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	MARGEN ELEMENTARY SCHOOL		2009	2015		2015	
SECONDARY	MARGEN N.H.S & ORMOC CITY SR. HIGH SCHOOL		2015	2021		2021	
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN CHEMISTRY	2021	2025		2025	LGU SCHOLAR CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	<i>Junio Javes</i>	DATE	07/14/2025
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[illegible]

V. WORK EXPERIENCE
Include private and public. Start from your most recent work. Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE	<i>James J. Miller</i>	DATE	07/14/2025
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator(s)	
7. Participants	
8. Objectives	
9. Key Takeaways	
10. Action Items	
11. Feedback	
12. Other Comments	

[illegible]

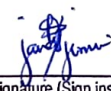
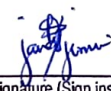
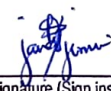
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
LABORATORY SAFETY PROCEDURES		COLLEGE OF ARTS & SCIENCES - SUPREME STUDENT COUNCIL (VSO)
LABORATORY TECHNIQUES		UNIVERSITY INTER-DORMITORY STUDENT BODY (VSI)
COMMUNICATE EFFECTIVELY		DRMOL CITY ACADEMIC SCHOLARS' ASSOCIATION
OPERATING BASIC LABORATORY TOOLS		YOUTH ENVIRONMENT SCHOOL ORGANIZATION
READING BOOKS		VSI CHEMICAL SOCIETY
LISTENING TO POP MUSIC		

(Continue on separate sheet if necessary)

SIGNATURE	<i>Jane E. Jumper</i>	DATE	07/14/2025
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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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>BAYRON S. BARREDO</td> <td>BAYBAY CITY, LEYTE</td> <td>09515112133</td> </tr> <tr> <td>KEVIN SIMANLO</td> <td>TSABEL, LEYTE</td> <td>09171258546</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	BAYRON S. BARREDO	BAYBAY CITY, LEYTE	09515112133	KEVIN SIMANLO	TSABEL, LEYTE	09171258546			
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KEVIN SIMANLO	TSABEL, LEYTE	09171258546											
<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>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td>PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID: 2034-3304-4348-1295</td> </tr> <tr> <td>ID/License/Passport No.:</td> </tr> <tr> <td>Date/Place of Issuance: 19 SEPTEMBER 2021</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: 2034-3304-4348-1295	ID/License/Passport No.:	Date/Place of Issuance: 19 SEPTEMBER 2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; text-align: center; vertical-align: middle;">  Signature (Sign inside the box) </td> </tr> <tr> <td>Date Accomplished</td> </tr> </table>	 Signature (Sign inside the box)	Date Accomplished					
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<div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)</p> <p>Computer generated or photocopied picture is not acceptable</p> </div> <p style="text-align: center; margin-top: 10px;">PHOTO</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div> <p style="text-align: center; margin-top: 5px;">Right Thumbmark</p>													
<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; height: 60px; width: 100%; margin-top: 10px;"></div> <p style="text-align: center; margin-top: 5px;">Person Administering Oath</p>													