

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	CUASITO			
FIRST NAME	JODEL ANDREW	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SAMSON			
3. DATE OF BIRTH (mm/dd/yyyy)	6/20/1991	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" 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 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:			
7. HEIGHT (m)	1.68M	17. RESIDENTIAL ADDRESS	17 BLK. 2 J.P LAUREL ST. <i>House/Block/Lot No. Street</i> N/A POB. ZONE 6 <i>Subdivision/Village Barangay</i> BAYBAY CITY LEYTE <i>City/Municipality Province</i>	
8. WEIGHT (kg)	91KG		ZIP CODE	
9. BLOOD TYPE	B+		18. PERMANENT ADDRESS	17 BLK. 2 J.P LAUREL ST. <i>House/Block/Lot No. Street</i> N/A POB. ZONE 6 <i>Subdivision/Village Barangay</i> BAYBAY CITY LEYTE <i>City/Municipality Province</i>
10. GSIS ID NO.	N/A			ZIP CODE
11. PAG-IBIG ID NO.	N/A			
12. PHILHEALTH NO.	13-025601296-1			
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A	
14. TIN NO.	737-344-466	20. MOBILE NO.	0992-228-2071	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	cuasitojodelandrew@gmail.com	

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	N/A	NAME EXTENSION (JR., SR)	Delan Sky S. Cuasito	11/11/2022
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CUASITO			
FIRST NAME	DIOSDADO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SABONDO			
25. MOTHER'S MAIDEN NAME				
SURNAME	SAMSON			
FIRST NAME	JOSEPHINE			
MIDDLE NAME	ORTEGA		(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	BAYBAY II SOUTH CENTRAL SCHOOL	PRIMARY	2008	2003	GRADUATED	2003	N/A

SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY	2003	2010	GRADUATED	2010	N/A
VOCATIONAL /	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR IN ANIMAL SCIENCE	2010	2013	UNDER-GRADUATED	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>(Continue on separate sheet if necessary)</i>							
SIGNATURE			DATE		11/17/2023		

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)							
SIGNATURE				DATE	11/17//2023		

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To (mm/dd/yyyy)			
N/A		N/A	N/A	N/A	N/A	
(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		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To (mm/dd/yyyy)			
MANAGEMENT OF THE DEAD AND MISSING PERSON TRAINING (MDM)		10/4/2023	10/6/2023	30	N/A	DEPARTMENT OF INTERIOR AND LOCAL GOVERNMENT - PROVINCIAL DISTRICT OFFICE
MOUNTAIN SEARCH AND RESCUE TRAINING (MoSAR)		8/11/2023	8/15/2023	40	N/A	LOCAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL - PROVINCIAL HEAD OFFICE
CAPABILITY TRAINING TO ENHANCE CRIMINAL INVESTIGATION		10/19/2022	10/19/2022	16	N/A	CITY PROSECUTORS OFFICE
FIRST AID & BASIC LIFE SUPPORT (ASST. TRAINOR)		7/23/2022	7/28/2022	8	N/A	CARIDAD NATIONAL HIGH SCHOOL
FUNDAMENTALS OF EXTRICATION		7/2/2022	7/2/2022	8	N/A	BASIC LIFESAVING SOLUTIONS
AMBULANCE OPERATIONS		6/29/2022	7/1/2022	24	N/A	BASIC LIFESAVING SOLUTIONS
OPEN WATER SCUBA DIVER		11/15/2021	11/19/2021	40	N/A	PHILIPPINE FEDERATION OF CMAS UNDERWATER ACTIVITIES INC.
BASIC TRAINING IN EMERGENCY FOR PERSON WITH DISABILITIES		7/21/2021	7/21/2021	8	N/A	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
STANDARD FIRST AID - LAY RESCUER		7/9/2021	7/10/2021	16	N/A	DEPARTMENT OF HEALTH - HEALTH EMERGENCY MANAGEMENT SERVICES
BASIC LIFE SUPPORT PROVIDER'S COURSE - LAY RESCUER		7/8/2021	7/8/2021	8	N/A	DEPARTMENT OF HEALTH - HEALTH EMERGENCY MANAGEMENT SERVICES
						CITY PROSECUTORS OFFICE
(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)		
BASIC FIRST AID PROVIDER	N/A			N/A		
BASIC LIFE SUPPORT PROVIDER	N/A			N/A		

COMPUTER LITERATE	N/A	N/A
PLAYING GUITAR/LISTENS TO MUSIC	N/A	N/A
BASEBALL PLAYER/PITCHER	N/A	N/A
PLAYING ONLINE GAMES	N/A	N/A
OUTDOOR - CAMPING / HIKING	N/A	N/A
(Continue on separate sheet if necessary)		
SIGNATURE		DATE
		11/17/2023

<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details:</p> <hr/>
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, give details (country):</p> <hr/>
<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>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <p>If YES, please specify ID No: _____</p>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
ENGR. RHYSE M. AUSTERO	BAYBAY CITY, LEYTE	0905-349-8273
MR. LEONARDO G. DIZON	BAYBAY CITY, LEYTE	0917-123-5558
DR. RENMIR JAN MAALA	BAYBAY CITY, LEYTE	0968-691-2019

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.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: DRIVERS LICENSE
ID/License/Passport No.: H-12-17-001768
Date/Place of Issuance: 05/20/2023 / TO BAYBAY OFFICE

Signature (Sign inside the box)
11/17/2023

Date/Place of Issuance: 00/00/0000 LTO DAYDAY OFFICE

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath