

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	JOSON		
FIRST NAME	JUDE	NAME EXTENSION (JR., SR) None	
MIDDLE NAME	DALINAS		
3. DATE OF BIRTH (mm/dd/yyyy)	11/8/1976	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	Brgy. Sta Cruz Mahaplag, 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 type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated	
7. HEIGHT (m)	5'2	17. RESIDENTIAL ADDRESS	none none House/Block/Lot No. Street none Sta Cruz Subdivision/Village Barangay Mahaplag Leyte City/Municipality Province
8. WEIGHT (kg)	70	ZIP CODE	6512
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	none none House/Block/Lot No. Street none Sta Cruz Subdivision/Village Barangay Mahaplag Leyte City/Municipality Province
10. GSIS ID NO.	None	ZIP CODE	6512
11. PAG-IBIG ID NO.	1212-68910576	19. TELEPHONE NO.	none
12. PHILHEALTH NO.	025-050490962-0	20. MOBILE NO.	09169130480
13. SSS NO.	3392518540	21. E-MAIL ADDRESS (if any)	
14. TIN NO.	294-147-164-000		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

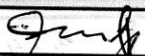
22. SPOUSE'S SURNAME	RAEL		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOVELYN	NAME EXTENSION (JR., SR)	GAVRIEL R. JOSON	4/1/2016
MIDDLE NAME	OMAYON			
OCCUPATION	Housekeeper			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	JOSON			
FIRST NAME	EUSEBIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TURCINO			
SAMANTE				
SURNAME	JOSON			
FIRST NAME	VIRGINIA			
MIDDLE NAME	SALINAS			

(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	Mahaplag Central school		1985	1990		1990	Deserving
SECONDARY	Mahaplag National High school (San Isidro)		1991	1995		1995	None
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	Visayas State University (Visca) Baybay, City		1999	2003		2003	None
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	3-4-2022
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

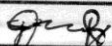
(Continue on separate sheet if necessary)


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

[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)
	Typing		Certificate of Recognition on Enhanced Comprehensive Local Integration Program (E-CLIP)		KABALIKAT CIVICOM BAYBAY CHAPTER
	Carpentry		Service Award of Kalahi-CIDSS program		KARANCHO (Kababayan Riders Association of New Cultural Harmony and Order) LEYTE CHAPTER
(Continue on separate sheet if necessary)					
SIGNATURE				DATE	3-9-2022

<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>DARIO P. LINA</td> <td>VSU, APT. 16 BAYBAY CITY, LEYTE</td> <td>9566807275</td> </tr> <tr> <td>MARK ALONZO</td> <td>LGU, MAHAPLAG</td> <td>9265213177</td> </tr> <tr> <td>OSCAR REALES</td> <td>LGU, MAHAPLAG</td> <td>9169451266</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DARIO P. LINA	VSU, APT. 16 BAYBAY CITY, LEYTE	9566807275	MARK ALONZO	LGU, MAHAPLAG	9265213177	OSCAR REALES	LGU, MAHAPLAG	9169451266
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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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: Drivers License</p> <p>ID/License/Passport No.: H12-13-001558</p> <p>Date/Place of Issuance: LTO-Baybay</p>	<p style="text-align: center;">  Signature (Sign inside the box) 3/4/2022 Date Accomplished </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; width: 200px; height: 50px; margin: 10px auto; text-align: center;"> <p>Person Administering Oath</p> </div>													



PHOTO

Right Thumbmark