CS Form No. 212							M. M.		Les de terminado
Revised 2017	PE	RSC	NAL DA	TA S	HEI	ET			
NARNING: Any misreprese	ntation made in the Personal Date	a Sheet and t	he Work Experience Sheet	shall cause	the filing of	administrati	ve/criminal case/	s against the	person
READ THE ATTACHED GUIL	DE TO FILLING OUT THE PERSOI	VAL DATA SE	HEET (PDS) RECORE ACCO	MDI IOLINIO	TUE 222 -	ORM.			
PERSONAL INFORMA	oxes) and use separate sheet if n	ecessary. Indi	cate N/A if not applicable. DO	NOT ABBRE	VIATE.	1, 03 10	No.	(Do not fil	up. For CSC u
2. SURNAME	JOSON							- (1)(1)	
FIRST NAME	JUDE	William Control			-		NAME EXTENSION	N (JR., SR) No	ne
MIDDLE NAME	DALINAS								
3 DATE OF BIRTH (mm/dd/yyyy)	11/8/1976		16. CITIZENSHIP						
						Filipino	Dual Citizensi		ralization
4. PLACE OF BIRTH	Brgy.Sta Cruz Mahapla	ag,Leyte	If holder of dual citi				Pls. indica	***************************************	
5. SEX	✓Male	female	please indicate the	details.					
6 CIVIL STATUS	Single Widowed	✓ Married Separated	17. RESIDENTIAL ADDRESS		none House/Block/L		1 - 28 TAX	none	Marin Barrania
	Other/s:	peparateu			none			Street Sta Cruz	a thanks
HEIGHT (m)	5"2				Subdivision/V Mahapla			Barangay Leyte	
WEIGHT (kg)	70		ZIP CODE		City/Municip	ality	6512	Province	
BLOOD TYPE	A	VICTO	18. PERMANENT ADDRESS		none		WIZ	none	
GSIS ID NO.	None	59kmäska			House/Block/L	ot No.		Street	
PAG-IBIG ID NO.	 	- Investigate	In his waters and so		Subdivision/V			Sta Cruz Barangay	331,201
PAG-IBIG ID NU	1212-68910576	ļ			Mahap City/Municipa			Leyte Province	
PHILHEALTH NO.	025-050490962-0		ZIP CODE			651	12		
SSS NO.	3392518540		19. TELEPHONE NO.				none		
TIN NO.	294-147-164-000		20 MOBILE NO.				09169130480		
AGENCY EMPLOYEE NO.		ļ	21. E-MAIL ADDRESS (if any)						
FAMILY BACKGROUND									
SPOUSE'S SURNAME	RAEL			23. NAME of	CHILDREN (W	/rite full name an	d list all)	DATE OF B	RTH (mm/dd/y
FIRST NAME	JOVELYN		NAME EXTENSION (JR., SR)		GAVR	IEL R. JOS	ON		1/2016
MIDDLE NAME	OMAYON					***************************************			
OCCUPATION	Housekeeper			100 to					
EMPLOYER/BUSINESS NAME		N/A							
BUSINESS ADDRESS		N/A							
TELEPHONE NO.		N/A		j					
FATHER'S SURNAME	JOSON								
FIRST NAME	EUSEBIO	-	NAME EXTENSION (JR., SR)						
AIDOLE NAME	TURCINO	<u> </u>							
	MANTE		gang and an arrange of the particle of the second substitute of the sec						
URNAME IRST NAME	JOSON VIRGINIA	_							
AIDDLE NAME	SALINAS								
EDUCATIONAL BACKG					1	Continue on se	parate sheet if nece	ssary)	Security (1)
	NAME OF SCHOOL		PASSA SPURATION PROPERTY.				HIGHEST LEVEL/		SCHOLARSHI
LEVEL	(Write in full)		BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF	FATTENDANCE	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS
LEMENTARY	Mahaplag Central school				From	То			RECEIVED
					1985	1990		1990	Deserving
ECONDARY DCATIONAL /	Mahapalag National High school (S	an Isidro)			1991	1995		1995	None
RADE COURSE	N/A		N/A		NVA	N/A		N/A	N/A
OLLEGE	Visayas State University (Visca) Ba	ybay, City			1999	2003		2003	None
RADUATE STUDIES	N/A	1	N/A		N/A	N/A		N/A	N/A
SIGNATURE		(Co	ntinue on separate sheet if neces	sary)			action and the feet for	superiore grant and	
SIGNATURE	-fra	X			DA	ATE .	3-4	-202-	THUTA

	SPECIAL LAWS/ CES/ CSEE		RATING	EXAMINATION/	PLACE OF EXAMIN	LIOENOE (II applicable)			
BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	CONFERMENT				NUMBER	Date of Validity	
N/A		N/A			N/A	S offices observed	N/A	N/A	
	and and anada		THE POS ROBE	TOKESHE DO NOT ARTE	ton's All stept of yourse	en D Faerla etc	som on bra (expd elancolor	all vars
	Land more	A CALL TO SERVICE AND		Age Section (Cales	Secretary Control of the Control		poson		
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	9	Post Citorna N				\$48EB01	1		11,500
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, Wask	EXPERIENCE		(Ca	ontinue on separate sheet h	f necessary)		348(4)		
		Start from your rece	nt work) Descripti	ion of duties should b	e indicated in the attac	hed Work E	xperience she	e r	
INCLU	USIVE DATES m/dd/yyyy)	POSITION 1	TITLE		NCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (#		GOVT
From	То	(Write in full/Do not	abbreviate)	(Write in full/	(Write in full/Do not abbreviate)		applicable)& STEP (Format "00-0") INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
04/16/2019	Present	Security G	uard		niversity Baybay,City	12,174.80		Job Order	Yes
09/14/2014	12/31/2017	Community O	rganizer	Department of Social	Welfare and development Fo8)	21,436		MOA	Yes
7/2010	09/15/2014	Messanger/E	ncoder		elfare and Development	.5,600	ayana Ding in	Job Order	Yes
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NAME & ADDRESS OF ORGANIZATION (Write in full)				NUMBER OF HOUR	IS	POSITION / NATURE OF WORK	
N	N/A			N/A			
	L YES, give details:	1	10/1	N/A		NA	
				Constitu	and the state of the	be the to stop to the second	
	I YES give details:						
0					Описо уп	a grains) begrands wheeler on each paying a	
	If YES give details:						
	Oate Fled						
II. LEARNING AND DEVELOPMENT	(L&D) INTERVENTIONS/TRAINING	PROGRAMS A	TTENDED	/)			
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTE	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Service Enhancement Training Course and Re-	Training Course	3/12/2019	To 12/12/2019	80 Hrs		JVO Dynamic Security Training Academy	
minar on Enhanced Comprehensive Local Integ	ration Program (E-CLIP)	03/13/2019	and and affilio	8 Hrs	A line of the fee	Provincial Social Welfare and Development Office	
cal Shelter Plan Formulation Workshop Training	MYFS also defeals:	8/10/2018	12/10/2018	40 Hrs		Housing and Urban Development Coordinating Council	
ientation on the Enhanced Comprehensive Loca	I Integration Program (E-CLIP)	1/10/2018	2/10/2018	16 Hrs	gratudi echi	Provincial Social Welfare and Development Office	
end 2nd Batch Consultation Dialogue	If YES, give deteils:	09/27/2018	09/28/2018	16 hrs		Department of social Welfare and Development (Fo8)	
mmunity Driven Development Training for Area	and Municipal Coordinating Teams	08/22/2017	08/24/2017	20 Hrs		Department of social Welfare and Development (Fo8)	
ining of the Standard Community Empowerment	Activity Cycle stage 2	05/25/2016	05/29/2016	40 Hrs		Department of social Welfare and Development (Fo8)	
mmunity Procurement and Community Financial	05/22/2015	05/29/2015	64 Hrs	al (a) (r*it	Department of social Welfare and Development (Fo8)KALAH CIDSS National Community Driven Development Program		
ining on Stage 3 and 4 Accelerated Community Empowerment Activity Cycle		2/2/2015	11/2/2015	48 Hrs		Department of Social Welfare and Development (Fo8) KALAI CIDSS-National Community Driven Development Program	
ON ON	W ES tilenes specify					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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	(Con	ntinue on separate sh	eet if necessary)			an to kee do to bring his feet	
OTHER INFORMATION							
SPECIAL SKILLS and HOBBIES		CADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Typing	Cetificate of Recognition on Enhance			ration Program	(E-CLIP)	KABALIKAT CIVICOM BAYBAY CHAPTER	
Carpentry	Service	Award of Kalahi-C	ward of Kalahi-CIDSS program			KARANCHO (Kababayan Riders Association of New Cultural Harmony and Order) LEYTE CHAPTER	
	La L					All an experience of anti-cases (Section 1)	
proce personal so d	the second philosophical to	nliidhe tedh			protein	BLANCHER AND SWORM to below no trial	
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	Cant	inue on separate she	et If necessary)				
SIGNATURE	ano.	200 8 4 200		DATE		3 4-340-	

VI VOLUNTARY WORK OF INVOLVENENT IN

34. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immediate bureau or Department where you will be appointed,	diate supervision over you in the Office,	V20184			
a. within the third degree?		l Dym	Care .		
b. within the fourth degree (for Local Government Unit -	YES YES If YES, give details	∑ NO			
	The second of th				
a. Have you ever been found guilty of any administrative	offense?	YES If YES, give details	√ NO		
b. Have you been criminally charged before any court?	YES If YES, give details	✓ NO			
		Date Filed: Status of Case/s:			
Have you ever been convicted of any crime or violation of any court or tribunal?	f any law, decree, ordinance or regulation t	YES If YES, give details	√NO		
Have you ever been separated from the service in any of dropped from the rolls, dismissal, termination, end of term in the public or private sector?	the following modes: resignation, retirement, finished contract or phased out (abolition)	it, YES If YES, give details:	☑ NO		
A. Have you ever been a candidate in a national or local of Barangay election)?	☐ YES ☑ NO If YES, give details:				
b. Have you resigned from the government service during election to promote/actively campaign for a national or loc	☐ YES				
Have you acquired the status of an immigrant or permane	YES If YES, give details (YES NO If YES, give details (country):			
Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	PRODUCTION OF THE PROPERTY OF	If YES, please specify: YES yes If YES, please specify II YES glease specify II	✓ NO		
REFERENCES (Person not related by consanguinity or affinity to applic	ant /appointee)				
NAME	ADDRESS	TEL. NO.			
DARIO P. LINA	VSU, APT. 16 BAYBAY CITY, LEYTE	9566807275			
MARK ALONZO	LGU, MAHAPLAG	9265213177	1 ==1		
OSCAR REALES	LGU, MAHAPLAG	9169451266			
declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertire properties. I authorize the agency head/authorized representation made in this documents are that any misrepresentation made in this documents are that any misrepresentation made in this documents.	ent laws, rules and regulations of the	ue, correct and Republic of the	JUDE D. JOSON		
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ernment Issued ID: Drivers License	gudy				
cense/Passport No.: H12-13-001558	nerood Comprehensive Loal Integration Progress	storm of Recognition on En			
/Place of Issuance; LTO-Baybay	Signature (Sign inside the bo 3/4/2022 Date Accomplished	x)	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this		his/her validly issued			
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting	his/her validly issued gover	nment ID as indicated above.		
	Person Administering Oath		SHOWAYURE		