

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	CASTIL		
FIRST NAME	JHONAVEL		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	ROMBLON		
3. DATE OF BIRTH (mm/dd/yyyy)	FEBRUARY 23, 1995	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: Philippines
4. PLACE OF BIRTH	ANAHAWAN, SOUTHERN LEYTE		
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	If holder of dual citizenship, please indicate the details:	
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	APARTMENT NO. 1 KILBOURNE ST House/Block/Lot No. Street VSU, LOWER CAMPUS PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.55 m	ZIP CODE	6521
8. WEIGHT (kg)	73 kg	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village LEWING ANAHAWAN SOUTHERN LEYTE City/Municipality Province
9. BLOOD TYPE	A+	ZIP CODE	6610
10. GSIS ID NO.	CRN-011-1486-3951-0	19. TELEPHONE NO.	(053) 557-0773
11. PAG-IBIG ID NO.	121143904491	20. MOBILE NO.	0955-420-9673 / 0928-755-6851
12. PHILHEALTH NO.	03-025772050-7	21. E-MAIL ADDRESS (if any)	rjhonavel@yahoo.com
13. SSS NO.	03-45123574-8		
14. TIN NO.	322-041-301-000		
15. AGENCY EMPLOYEE NO.	V01208		

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) N/A	EROS GAVIN CASTIL	FEB. 26, 2019
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CASTIL			
FIRST NAME	NILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MATAFLORIDA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ROMBLON			
FIRST NAME	REFELYN			
MIDDLE NAME	PALCO			

(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	MAHALO ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2007	GRADUATED	2007	SALUTATORIA N
SECONDARY	SAINT ANTHONY'S HIGH SCHOOL	SECONDARY EDUCATION	2007	2011	GRADUATED	2011	SALUTATORIA N
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	METRO MANILA COLLEGE	BSSA-FINANCIAL MANAGEMENT	2011	2015	GRADUATED	2015	MAGNA CUM LAUDE
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)

SIGNATURE

DATE

10/31/2024

IV. CIVIL SERVICE ELIGIBILITY

(Continue on separate sheet if necessary)

1. *Journal of Management Education*, 31(1), 10-20.

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

(Continue on separate sheet if necessary)

[illegible]

V. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
NONE				

(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 (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
Digital Transformation in the Government: Navigating to the New Frontier	05/07/2024	05/10/2024	32 hrs.	Technical	GOVERNMENT FINANCIAL MANAGEMENT INNOVATORS CIRCLE (GFMIC), INC.
Appraisal and Disposal of Government Properties	11/13/2023	11/15/2023	24 hrs.	Technical	COMMISSION ON AUDIT REGION VIII
One Time Cleansing of the Property, Plant and Equipment Account Balances of Government Agencies (COA Circular No. 2020-006 dated January 31, 2020)	07/27/2023	07/28/2023	16 hrs.	Technical	GOVERNMENT FINANCIAL MANAGEMENT INNOVATORS CIRCLE (GFMIC), INC.
Laws and Rules on Government Expenditures	09/13/2022	09/16/2022	32 hrs.	Technical	COMMISSION ON AUDIT REGION VIII
ISO 9001:2015 Awareness/Re-awareness Webinar	08/30/2022	08/31/2022	4hrs.	Technical	VISAYAS STATE UNIVERSITY
In-House Training on Public Financial Management	08/03/2022	08/05/2022	24 hrs.	Technical	DEPARTMENT OF BUDGET & MANAGEMENT REGION VIII
Hands-Only Cardiopulmonary Resuscitation	07/22/2022	07/22/2022	4 hrs	Technical	DEPARTMENT OF HEALTH
AGAP TECHNICAL SEMINAR	06/16/2022	06/16/2022	8 hrs.	Technical	ASSOCIATION OF GOVERNMENT ACCOUNTANTS OF THE PHILIPPINES
2021 Membership Conference of Government Financial Management Innovators Circle	11/18/2021	11/19/2021	8 hrs.	Technical	VISAYAS STATE UNIVERSITY
ISO 9001:2015 Awareness/Re-awareness Webinar	11/27/2020	11/27/2020	3 hrs.	Technical	VISAYAS STATE UNIVERSITY
Target Setting Workshop	8/20/2018	8/21/2018	48 hrs	Technical	VISAYAS STATE UNIVERSITY
FMU General Assembly cum Teambuilding	12/2/2016	12/3/2016	16 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
Finance Management Unit 1st Semestral Program Implementation Review CY 2016	7/7/2016	7/9/2016	24 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
Roll-Out Training on the Implementation Government Accounting Manual	5/13/2016	5/13/2016	8 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
Orientation on the National Cultural Heritage Act of 2009	4/19/2016	4/19/2016	8 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
Bottom-Up Budgeting Year-End Implementation Review	2/23/2016	2/24/2016	16 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
Training on Project Management for BUB Field Staff	12/1/2015	12/3/2015	24 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION

(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)
SPORTS (Volleyball, Badminton)	NONE	VISAYAS STATE UNIVERSITY CREDIT COOPERATIVE
COOKING		ADMINISTRATIVE PERSONNEL ASSOCIATION
DANCING		

<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 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 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>

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

NAME	ADDRESS	TEL. NO.
WILMA V. NAPIERE	VSU, Accounting Office	09359633220
NORIETA B. BUSTILLO	VSU, Accounting Office	09152329310
AMALIA O. ARMADA	Brgy. Gabas, Baybay City, Leyte	09395530982

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



Right Thumbmark

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: GSIS

ID/License/Passport No.: CRN-011-1486-3951-0

Date/Place of Issuance: March 2022

Wilma V. Napiere

Signature (Sign inside the box)

10/21/2024
Date Accomplished

SUBSCRIBED AND SWORN to before me this _____

_____ affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath