

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	ARTAJO		
FIRST NAME	JOHN JOCHIEL	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	MAHILUM		
3. DATE OF BIRTH (mm/dd/yyyy)	6/7/1987	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	BALAMBAN, CEBU		
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS ZIP CODE	23 M. H. DEL PILAR ST. House/Block/Lot No. Street ZONE 6 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	1.68		
8. WEIGHT (kg)	86		
9. BLOOD TYPE	A+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS ZIP CODE	23 M. H. DEL PILAR ST. House/Block/Lot No. Street ZONE 6 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
12. PHILHEALTH NO.	12-050963787-9		
13. SSS NO.	06-3109383-9		
14. TIN NO.	308-703-412	19. TELEPHONE NO.	(053) 563 - 7306
15. AGENCY EMPLOYEE NO.	N/A	20. MOBILE NO.	09176367294
		21. E-MAIL ADDRESS (if any)	johnnyboyairbuds@gmail.com

II. FAMILY BACKGROUND




22. SPOUSE'S SURNAME	ARTAJO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	REFIE	NAME EXTENSION (JR., SR) N/A	XEITH NIÑO MIGUEL J. ARTAJO	4/5/2012
MIDDLE NAME	JAVIER		XAM NIÑO MATTHEW J. ARTAJO	12/11/2014
OCCUPATION	NURSE			
EMPLOYER/BUSINESS NAME	LGU-BAYBAY CITY			
BUSINESS ADDRESS	BAYBAY CITY, LEYTE			
TELEPHONE NO.	(053) 335-3321			
24. FATHER'S SURNAME	ARTAJO			
FIRST NAME	JOSEPH	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	COMBISTA			
25. MOTHER'S MAIDEN NAME				
SURNAME	MAHILUM			
FIRST NAME	LUCHIE			
MIDDLE NAME	ALIPIO		(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	BUANOY CENTRAL SCHOOL	PRIMARY EDUCATION	06//1994	03//2000		2000	WITH HONORS
SECONDARY	BUANOY NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	06//2000	03//2004		2004	
COLLEGE	CEBU INSTITUTE OF TECHNOLOGY - UNIVERSITY	BACHELOR OF SCIENCE IN COMPUTER ENGINEERING	06//2004	04//2011	4TH YEAR		
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN FORESTRY	08//2016	05//2019		2019	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN FORESTRY	01//2020	PRESENT			

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 27, 2020
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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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>DR. DENNIS P. PEQUE</td><td>BAYBAY CITY</td><td>0927-7062843</td></tr><tr><td>ENGR. MARIA VICTORIA FERNANDEZ-JABINES</td><td>BAYBAY CITY</td><td>0977-3317995</td></tr><tr><td>DR. TEOFANES A. PATINDOL</td><td>BAYBAY CITY</td><td>0916-8682007</td></tr></table>			NAME	ADDRESS	TEL. NO.	DR. DENNIS P. PEQUE	BAYBAY CITY	0927-7062843	ENGR. MARIA VICTORIA FERNANDEZ-JABINES	BAYBAY CITY	0977-3317995	DR. TEOFANES A. PATINDOL	BAYBAY CITY	0916-8682007
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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.		<div><div>ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable</div><div>PHOTO</div></div>												
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: DRIVER'S LICENSE</td></tr><tr><td>ID/License/Passport No.: H12-17-001242</td></tr><tr><td>Date/Place of Issuance: BAYBAY CITY</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: DRIVER'S LICENSE	ID/License/Passport No.: H12-17-001242	Date/Place of Issuance: BAYBAY CITY	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>JULY 27, 2020</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	JULY 27, 2020	Date Accomplished	<div></div> <div>Right Thumbmark</div>				
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Signature (Sign inside the box)														
JULY 27, 2020														
Date Accomplished														
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
<div></div> <div>Person Administering Oath</div>														