

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	COSI		
FIRST NAME	JENNY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MATES		
3. DATE OF BIRTH (mm/dd/yyyy)	02/09/1979	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	POLOMOLOK, SOUTH COTABATO	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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:		
7. HEIGHT (m)	1.50	17. RESIDENTIAL ADDRESS	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ Barangay _____ City/Municipality _____ Province _____ ZIP CODE 6521
8. WEIGHT (kg)	53	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ Barangay _____ City/Municipality _____ Province _____ ZIP CODE 6521
9. BLOOD TYPE	B	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	N/A	20. MOBILE NO.	09614642425
11. PAG-IBIG ID NO.	1890-0051-0446	21. E-MAIL ADDRESS (if any)	jenny.cosi@vsu.edu.ph
12. PHILHEALTH NO.	17-050080948-8		
13. SSS NO.	09-2203712-2		
14. TIN NO.	929-305-234		
15. AGENCY EMPLOYEE NO.	N/A		

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	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MATES (DECEASED)			
FIRST NAME	JERRY	NAME EXTENSION (JR., SR)	SR.	
MIDDLE NAME	PERRERO			
25. MOTHER'S MAIDEN NAME				
SURNAME	OCALEÑA			
FIRST NAME	MILAGROS			
MIDDLE NAME	JASON			
(Continue on separate sheet if necessary)				

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL <small>(in full)</small>	BASIC EDUCATION/DEGREE/COURSE <small>(Write in full)</small>	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED <small>(if not graduated)</small>	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	DOLE CANNERY CENTRAL ELEMENTARY SCHOOL	N/A	1986	1992		1992	WITH HONORS
SECONDARY	SAN LORENZO RUIZ ACADEMY OF POLOMOLOK	N/A	1992	1996		1996	N/A
TRADE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	GENSANTOS FOUNDATION, INC. COLLEGE	BACHELOR OF SCIENCE IN ACCOUNTANCY	1996	2000		2000	N/A
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							

SIGNATURE		DATE	11/27/2025
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE


[illegible]





(Continue on separate sheet if necessary)

SIGNATURE	
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DATE

11/27/2025

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S					
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
	From	To			
N/A					
(Continue on separate sheet if necessary)					
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
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			
ISO 9001 : 2015 AWARENESS/RE-AWARENESS WEBINAR	9/5/2025	9/5/2025	4		QUALITY MANAGEMENT OFFICE-VSU
YUNG SUMAKSES KA: TOOLKITS FOR FLOURISHING	4/3/2025	4/3/2025	4		GAD-VSU
ENHANCING DIGITAL COMMUNICATION: VOIP PHONE MASTERY AND OUTPUT MESSENGER TRANSITION	11/20/2024	11/20/2024	4		ICTMC-VSU
HRIS SOFTWARE ONBOARDING	12/06/2023	12/06/2023	4		VSU
UNLOCKING EXCELLENCE:THE 5S REVOLUTION FOR CLERKS AND HEADS	11/29/2023	11/29/2023	4		VSU
DOCUMENT TRACKING SYSTEM	11/13/2023	11/13/2023	3		VSI MAIN - HRIS
VIRTUAL DATA PRIVACY ACT OF 2012 AWARENESS SEMINAR	4/7/2023	4/7/2023	7		VSU -ASO
ROLE OF BSP AND RECENT ECONOMIC DEVELOPMENT	06/14/2021	06/17/2021	6		BANGKO SENTRAL NG PILIPINAS - EFLO
ISO 9001 : 2015 AWARENESS/RE-AWARENESS	11/27/2020	11/27/2020	4		QAC-VSU
SEMINAR ON BASICS OF MARKETING	4/15/2019	4/16/2019	8		DTI NEGOSYO CENTER -GENERAL SANTOS CITY
STATEMENT OF CASH FLOW REPORT PREP.	10/21/2015	10/22/2015	12		MASS-SPECC COOPERATIVE DEVELOPMENT CENTER
STRATEGIC PLANNING	11/7/2013	08/11/2013	20		NEXT LEVEL TRAINING ADVOCACY COOPERATIVE
CAPABILITY ENHANCEMENT COURSE FOR COOPERATIVE OFFICERS (LEVEL III)	2/20/2004	2/22/2004	24		AGRICULTURAL TRAINING INSTITUTE-KORONADAL CITY, SO. COT..
(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)	
BOOKKEEPING	N/A			N/A	
BUDGETING					
PAYROLL					
COMPUTER SKILLS					
COOKING					
WATCHING KOREAN AND CHINESE DRAMA AND MOVIES					
(Continue on separate sheet if necessary)					
SIGNATURE				DATE	11/27/2025

<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>_____</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>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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</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>If YES, give details: _____</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</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>If YES, give details: _____</p> <p>Voluntary Resignation <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</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>If YES, give details: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</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: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO _____</p> <p>If YES, please specify ID No.: <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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>MIRIAM M. DE LA TORRE</td> <td>BRGY. HIPUSNGO, BAYBAY CITY, LEYTE</td> <td>09327733751</td> </tr> <tr> <td>MARWEN A. CASTAÑEDA</td> <td>BOHOL</td> <td>09776295216</td> </tr> <tr> <td>FLORIFE A. ABORDO</td> <td>POLOMOLOK, SOUTH COTABATO</td> <td>09994093270</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	MIRIAM M. DE LA TORRE	BRGY. HIPUSNGO, BAYBAY CITY, LEYTE	09327733751	MARWEN A. CASTAÑEDA	BOHOL	09776295216	FLORIFE A. ABORDO	POLOMOLOK, SOUTH COTABATO	09994093270
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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>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <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: NIA</td> </tr> <tr> <td>ID/License/Passport No.:</td> </tr> <tr> <td>Date/Place of Issuance:</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: NIA	ID/License/Passport No.:	Date/Place of Issuance:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) 11/27/2025 Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) 11/27/2025 Date Accomplished							
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<div style="display: flex; align-items: center;">  <p>PHOTO</p> </div> <div style="border: 1px solid black; width: 180px; height: 100px; margin-top: 10px; display: flex; align-items: center; justify-content: center;"> <p>Right Thumbmark</p> </div>													
<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: 300px; height: 60px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> <p>Person Administering Oath</p> </div>													