

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	DIDAL		
FIRST NAME	POCA JOE		NAME EXTENSION (JR., SR)
MIDDLE NAME	ASIS		
3. DATE OF BIRTH (mm/dd/yyyy)	23.2.90	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	BAYBAY 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.75	17. RESIDENTIAL ADDRESS	168 A BONIFACIO House/Block/Lot No. Street
8. WEIGHT (kg)	72	ZIP CODE	Subdivision/Village Barangay
9. BLOOD TYPE	O		BAYBAY LEYTE
10. GSIS ID NO.	N/A		City/Municipality Province
11. PAG-IBIG ID NO.	121086456876		
12. PHILHEALTH NO.	120511519514	18. PERMANENT ADDRESS	168 A BONIFACIO House/Block/Lot No. Street
13. SSS NO.	0630264009	ZIP CODE	Subdivision/Village Barangay
14. TIN NO.	3128003120000		BAYBAY LEYTE
15. AGENCY EMPLOYEE NO.	N/A		City/Municipality Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09150689270
		21. E-MAIL ADDRESS (if any)	phaj_joe@yahoo.com


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	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	DIDAL			
FIRST NAME	MANUEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CALIPARA			
25. MOTHER'S MAIDEN NAME	DUARTE			
SURNAME	DIDAL			
FIRST NAME	MAURA			
MIDDLE NAME	ASIS		(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	BAYBAY NORTH CENTRAL SCHOOL	PRIMARY EDUCATION	N/A	N/A	N/A	2002	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	N/A	N/A	N/A	2006	N/A
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BS ECONOMICS	N/A	N/A	N/A	2010	N/A
GRADUATE STUDIES	CEBU NORMAL UNIVERSITY	MASTERS IN PUBLIC ADMINISTRATION	N/A	N/A	CERTIFICATE OF PROFICIENCY	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/14/2023
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IV. CIVIL SERVICE ELIGIBILITY					
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)
					NUMBER
	CAREER SERVICE PROFESSIONAL	80.9	3.5.15	CEBU CITY TEST CENTER	11510.3.17


(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*) INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
	From	To						
	7/1/2021	Present	CUSTOMER FEEDBACK DATA ANALYST	OFFICE OF THE DIRECTOR FOR QUALITY ASSURANCE:VSU	14, 080	N/A	JOB ORDER	Y
	11.5.12	09/30/2019	ACCOUNT MANAGER	ICOMM INTERNATIONAL	16000.00	N/A	REGULAR	N
	1/18/2012	05/31/2012	RESEARCH ASSISTANT	VISAYAS STATE UNIVERSITY-ISRDS	9000.00	N/A	CONTRACTUAL	Y
	8/29/2011	10/14/2011	RESEARCH ASSISTANT	HUMBOLDT UNIVERSITY;VISAYAS STATE UNIVERSITY	8000.00	N/A	CONTRACTUAL	Y

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/16/ 2023
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VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/ TRAINING PROGRAMS ATTENDED	
1. Training Program Name	
2. Training Program Description	
3. Training Program Dates	
4. Training Program Location	
5. Training Program Facilitator	
6. Training Program Objectives	
7. Training Program Outcomes	
8. Training Program Evaluation	
9. Training Program Feedback	
10. Training Program Follow-up	
11. Training Program Impact	
12. Training Program Sustainability	
13. Training Program Replicability	
14. Training Program Scalability	
15. Training Program Transferability	
16. Training Program Generalizability	
17. Training Program External Validity	
18. Training Program Internal Validity	
19. Training Program Reliability	
20. Training Program Validity	
21. Training Program Effectiveness	
22. Training Program Efficiency	
23. Training Program Cost-effectiveness	
24. Training Program Cost-benefit	
25. Training Program Cost-utility	
26. Training Program Cost-impact	
27. Training Program Cost-quality	
28. Training Program Cost-access	
29. Training Program Cost-equity	
30. Training Program Cost-justice	
31. Training Program Cost-fairness	
32. Training Program Cost-ethics	
33. Training Program Cost-law	
34. Training Program Cost-policy	
35. Training Program Cost-practice	
36. Training Program Cost-research	
37. Training Program Cost-theory	
38. Training Program Cost-philosophy	
39. Training Program Cost-culture	
40. Training Program Cost-history	
41. Training Program Cost-future	
42. Training Program Cost-present	
43. Training Program Cost-past	
44. Training Program Cost-time	
45. Training Program Cost-space	
46. Training Program Cost-matter	
47. Training Program Cost-energy	
48. Training Program Cost-mass	
49. Training Program Cost-length	
50. Training Program Cost-width	
51. Training Program Cost-height	
52. Training Program Cost-depth	
53. Training Program Cost-breadth	
54. Training Program Cost-range	
55. Training Program Cost-scope	
56. Training Program Cost-domain	
57. Training Program Cost-field	
58. Training Program Cost-sector	
59. Training Program Cost-industry	
60. Training Program Cost-market	
61. Training Program Cost-economy	
62. Training Program Cost-society	
63. Training Program Cost-culture	
64. Training Program Cost-politics	
65. Training Program Cost-law	
66. Training Program Cost-ethics	
67. Training Program Cost-morals	
68. Training Program Cost-values	
69. Training Program Cost-beliefs	
70. Training Program Cost-attitudes	
71. Training Program Cost-behaviors	
72. Training Program Cost-emotions	
73. Training Program Cost-thoughts	
74. Training Program Cost-feelings	
75. Training Program Cost-motivations	
76. Training Program Cost-interests	
77. Training Program Cost-concerns	
78. Training Program Cost-issues	
79. Training Program Cost-topics	
80. Training Program Cost-subjects	
81. Training Program Cost-matters	
82. Training Program Cost-things	
83. Training Program Cost-objects	
84. Training Program Cost-substances	
85. Training Program Cost-matter	
86. Training Program Cost-energy	
87. Training Program Cost-mass	
88. Training Program Cost-length	
89. Training Program Cost-width	
90. Training Program Cost-height	
91. Training Program Cost-depth	
92. Training Program Cost-breadth	
93. Training Program Cost-range	
94. Training Program Cost-scope	
95. Training Program Cost-domain	
96. Training Program Cost-field	
97. Training Program Cost-sector	
98. Training Program Cost-industry	
99. Training Program Cost-market	
100. Training Program Cost-economy	

[illegible]

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	VOLLEYBALL		N/A		N/A
	CUSTOMER CENTRIC/SALES		N/A		N/A

SIGNATURE		DATE	1/14/2023
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[Handwritten signature]


1/14/2023

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: _____ Status of Case/s: _____
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
KIRBY JUNTONG	CEBU CITY	9499915891
GIDEON NIEL TAN	VSU; CITY OF BAYBAY	9190882588
EDITHA G. CAGASAN	VSU; CITY OF BAYBAY	9155913358
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.		



Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	PASSPORT
ID/License/Passport No.:	P8654470B
Date/Place of Issuance:	6/01/2022 DFA TACLOBAN


Signature (Sign inside the box)
1/16/2023
Date Accomplished



SUBSCRIBED AND SWORN to before me this JAN 16 2023, affiant exhibiting his/her validly issued government ID as indicated above.

DOC. NO. 245
PAGE NO. 13
BOOK NO. 1
SERIES OF 2023

ATTY. DELCYROSE P. PAPA Public Attorney II (Pursuant to R.A. 9406)
Person Administering Oath