

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	CASIA		
FIRST NAME	JONIEL		NAME EXTENSION (JR., SR)
MIDDLE NAME	PAÑAS		
3. DATE OF BIRTH (mm/dd/yyyy)	NOVEMBER 13, 1994	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	ORMOC CITY, LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Poland
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:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.61	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	55		PUROK 2 CATMON
9. BLOOD TYPE	O+		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		ORMOC LEYTE
11. PAG-IBIG ID NO.	N/A		City/Municipality Province
12. PHILHEALTH NO.	13-202374929-0	18. PERMANENT ADDRESS	
13. SSS NO.	N/A	ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	769-050-247-000		PUROK 2 CATMON
15. AGENCY EMPLOYEE NO.	N/A		Subdivision/Village Barangay
			ORMOC LEYTE
			City/Municipality Province
		6541	
19. TELEPHONE NO.	N/A		
20. MOBILE NO.	09122505431		
21. E-MAIL ADDRESS (if any)	jochelcasia@gmail.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	CASIA			
FIRST NAME	EDGARDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	RUSTIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	PAÑAS			
FIRST NAME	PERSIE			
MIDDLE NAME	SERAT		(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/UNIT S EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	CATMON ELEMENTARY SCHOOL	ELEMENTARY	06-Jun-05	07-Apr-11	Graduate	2011	VALEDICTORIAN
SECONDARY	VALENCIA NATIONAL HIGH SCHOOL	SECONDARY	06-Jun-11	27-Mar-15	Graduate	2015	N/A
VOCATIONAL / TRADE COURSE	ABTECH	ELECTRICAL INSTALLATION AND MAINTENANCE	03-Jan-19	19-Jun-19	Graduate	2019	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY ORMOC CITY CAMPUS	BSED MAPEH	16-Jun-15	02-Jul-19	Graduate	2019	Congresstional scholar
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	August 01, 2023





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	N/A	N/A	N/A	N/A

(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			
	OCCUPATIONAL FIRST AID & CPR TRAINING	06-Oct-18	07-Oct-14	16 HOURS	MANAGERIAL	PHILIPPINE RED CROSS ORMOC CHAPTER
	NCII EIM (ELICTRICAL INSTALLATION AND MAINTENANCE)	01/01/2019	25/01/2019	196 HOURS25	TECHNICAL	ROBERT CABALLERO



(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	ELECTRICAL	N/A		ELECTRICIAN AND TECHNICIAN OF THE PHILIPPINES
	CARPENTRY	N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 01, 2023
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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 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 If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</div>	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)				
NAME		ADDRESS	TEL. NO.	
HILDA D. GABOR		BRGY. JUATON, ORMOC CITY	0920-463-9787	
MR. ALEJO S. REYES		ORMOC CITY	0928-182-8863	
MR. EMMANUEL C. MATA		BRGY. CATMON, ORMOC CITY	0939-107-3569	
42.				
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PROFESSIONAL TEACHER</div> <div>ID/License/Passport No.: 1887759</div> <div>Date/Place of Issuance: 01/21/2022</div>		<div></div> <div>Signature (Sign inside the box)</div> <div>August 01, 2023</div> <div>Date Accomplished</div>		
			<div></div> <div>PHOTO</div>	
			<div></div> <div>Right Thumbmark</div>	
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>				