

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	AVILA		
FIRST NAME	DORYN JAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LAUZON		
3. DATE OF BIRTH (mm/dd/yyyy)	01/15/1981	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	VISCA, BAYBAY LEYTE	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:	17. RESIDENTIAL ADDRESS	DUPLEX I-1 VSU House/Block/Lot No. Street VISCA BRGY. PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province ZIP CODE 6521 A
7. HEIGHT (m)	1.5	18. PERMANENT ADDRESS	DUPLEX I-1 VSU House/Block/Lot No. Street VISCA BRGY. PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province ZIP CODE 6521-A
8. WEIGHT (kg)	54	19. TELEPHONE NO.	
9. BLOOD TYPE	"O"	20. MOBILE NO.	09306479167
10. GSIS ID NO.	021-1365-1369-3	21. E-MAIL ADDRESS (if any)	dorynjanavila@yahoo.com
11. PAG-IBIG ID NO.	NA		
12. PHILHEALTH NO.	13-000096686-0		
13. SSS NO.	NA		
14. TIN NO.	270-141-142		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	AVILA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	DON	NAME EXTENSION (JR., SR)	FRANCESCA MARGARITA L. AVILA	07/14/2007
MIDDLE NAME	MARASIGAN			
OCCUPATION	PRIVATE EMPLOYEE			
EMPLOYER/BUSINESS NAME	CHINGBEE INC.			
BUSINESS ADDRESS	BAYBAY LEYTE			
TELEPHONE NO.				
24. FATHER'S SURNAME	LAUZON			
FIRST NAME	DOMINADOR	JR.		
MIDDLE NAME	AGUILLON			
25. MOTHER'S MAIDEN NAME				
SURNAME	DIZON			
FIRST NAME	ROBERTA			
MIDDLE NAME	ORAG		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. I FVFI	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	VISCA FOUNDATION ELEMENTARY SCHOOL		6/1/1988	3/1/1994		1994	1ST HONORABLE MENTION
SECONDARY	VISCA LABORATORY HIGH SCHOOL		6/1/1994	3/1/1998		1998	CONSISTENT HONORS
VOCATIONAL / TRADE COURSE							
COLLEGE	LEYTE STATE UNIVERSITY (NOW VSU)	BACHELOR OF SCIENCE IN AGRIBUSINESS	6/1/1998	4/1/2002		2002	COLLEGE SCHOLAR
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS	MASTERS IN BUSINESS ADMINISTRATION	6/1/2012			ON-GOING	


(Continue on separate sheet if necessary)

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[illegible]

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

[illegible]

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIL SOCIETY / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
NOT APPLICABLE					

(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)

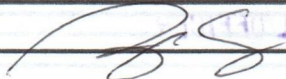
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	TRAINING-WORKSHOP ON ENTREPRENEURSHIP AND BUSINESS PLANNING	3/5/2017	5/5/2017	27HOURS	TECHNICAL	UNITED NATIONS DEVELOPMENT PROGRAM
	TRAINING ON BUSINESS PLANNING	2/3/2017	3/3/2017	18 HRS	TECHNICAL	UNITED NATIONS DEVELOPMENT PROGRAM
	TRAINING ON BUSINESS PLANNING	6/3/2017	9/3/2017	36 HOURS	TECHNICAL	UNITED NATIONS DEVELOPMENT PROGRAM
	TRAINING ON BUSINESS PLANNING	03/16/2017	03/17/2017	18 HOURS	TECHNICAL	UNITED NATIONS DEVELOPMENT PROGRAM
	TRAINING ON BUSINESS PLANNING	03/21/2017	03/24/2017	36 HOURS	TECHNICAL	UNITED NATIONS DEVELOPMENT PROGRAM
	ENTREPRENEURSHIP, RECORD KEEPING AND SIMPLE MARKETING TRAINING-WORKSHOP	12/9/2016	09/13/2016	18 HOURS	TECHNICAL	UNITED NATIONS DEVELOPMENT PROGRAM
	BUSINESS PLAN TRAINING AND WORKSHOP	8/9/2016	9/9/2016	18 HOURS	TECHNICAL	UNITED NATIONS DEVELOPMENT PROGRAM
	GO NEGOSYO SEMINAR	3/9/2016	3/9/2016	4 HOURS	SUPERVISORY	UNIVERSITY OF SAN CARLOS
	ENTREPRENEURSHIP TRAINING SERIES	08/19/2016	08/20/2016	18 HOURS	TECHNICAL	UNITED NATIONS DEVELOPMENT PROGRAM
	ENTREPRENEURSHIP AND ASSET BUILDING THROUGH SAVINGS BUSINESS PLANNING WORKSHOP	06/16/2015	06/17/2016	36 HOURS	TECHNICAL	FOOD AND AGRICULTURE ORGANIZATION
	ENTREPRENEURSHIP AND ASSET BUILDING THROUGH SAVINGS BUSINESS PLANNING WORKSHOP	05/27/2015	05/29/2015	36 HOURS	TECHNICAL	FOOD AND AGRICULTURE ORGANIZATION
	RECORD KEEPING, PRODUCT COSTING AND MARKETING TRAINING-WORKSHOP FOR OUT REACHING VENTURES	5/1/2015	9/1/2015	40 HOURS	TECHNICAL	SAVE THE CHILDREN
	1ST NATIONAL CONFERENCE IN MANAGEMENT	08/29/2013	08/30/2013	18 HOURS	MANAGERIAL	UNIVERSITY OF SAN CARLOS
	TECHNICAL SHARING PROGRAM: THE ROLE OF SUCs ON IMPACT EVALUATION	07/29/2013	07/31/2013	36 HOURS	MANAGERIAL	NATIONAL ECONOMIC DEVELOPMENT AUTHORITY
	SEMINAR ON SUSTAINABLE MODEL FOR AGROTOURISM AND LEARNING DEVELOPMENT CENTER	04/26/2013	04/26/2013	8 HOURS	MANAGERIAL	PHILROOTCROPS
	1ST PHASE IMPACT EVALUATION TRAINING	04/13/2013	04/21/2013	64 HOURS	MANAGERIAL	NATIONAL ECONOMIC DEVELOPMENT AUTHORITY

(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)
	BAKING		NC2 FOOD PROCESING		PHILIPPINE FRUIT ASSOCIATION
	CROSS STITCHING				NATIONAL PRODUCTS SOCIETY OF THE PHILIPPINES
	SCRAPBOOKING				ELITE SOCIETY (MBA)

(Continue on separate sheet if necessary)

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<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>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> <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 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 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%;">NAMES</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. MANUEL K. PALOMAR</td> <td>BRGY. SAN AGUSTIN, BAYBAY CITY, LEYTE</td> <td></td> </tr> <tr> <td>DR. DELSERGS M. ABIT</td> <td>ORMOC CITY</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAMES	ADDRESS	TEL. NO.	DR. MANUEL K. PALOMAR	BRGY. SAN AGUSTIN, BAYBAY CITY, LEYTE		DR. DELSERGS M. ABIT	ORMOC CITY				
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DR. MANUEL K. PALOMAR	BRGY. SAN AGUSTIN, BAYBAY CITY, LEYTE												
DR. DELSERGS M. ABIT	ORMOC CITY												
<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 colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>GSIS</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>021-1365-1369-3</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>MAY 2015, MAASIN LEYTE</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:	GSIS	ID/License/Passport No.:	021-1365-1369-3	Date/Place of Issuance:	MAY 2015, MAASIN LEYTE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <p>Signature (Sign inside the box)</p> <p style="text-align: center;">August 1, 2019</p> <p style="text-align: center;">Date Accomplished</p> </td> </tr> </table>	<p>Signature (Sign inside the box)</p> <p style="text-align: center;">August 1, 2019</p> <p style="text-align: center;">Date Accomplished</p>	
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<p>SUBSCRIBED AND SWORN to before me this <u>11 SEP 2019</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;"> <p>ATTY. RYSA M. QUINSOK</p> <p>Person Administering Oath</p> <p>VS LEGAL OFFICER</p> </div>													



DORYN JAN L. AVILA

