

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	Villaruel		
FIRST NAME	Jenzen Jhon	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Managbanag		
3. DATE OF BIRTH (mm/dd/yyyy)	01/10/1990	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Manila	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	☒ Male ☐ Female		
6. CIVIL STATUS	☒ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.72	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	74.00		Subdivision/Village Barangay
9. BLOOD TYPE	A+		City/Municipality Province
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	18. PERMANENT ADDRESS	
13. SSS NO.	N/A	ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	N/A		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	V01138		City/Municipality Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	912-580-3437
		21. E-MAIL ADDRESS (if any)	jenzenjhon.villaruel@vsu.edu.ph

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)	Khriel Kyrie T. Villaruel	04/02/2013
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ULBORA			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	VILBAR			
25. MOTHER'S MAIDEN NAME	ANNALIZA MANAGBANAG VILLARUEL			
SURNAME	VILLARUEL			
FIRST NAME	ANNA LIZA			
MIDDLE NAME	MANAGBANAG		(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	Pangasugan Elementary School	Elementary	1996	2001	GRADUATED	2001	N/A
SECONDARY	Franciscan College of Immaculate Conception	High School	2002	2006	GRADUATED	2006	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/14/2023
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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			
	Hands-only Cardiopulmonary Resuscitation	07/21/2022	07/21/2022	5	Technical	Department of Health- Eastern Visayas Center for Health Development
	FIRE FIGHTING AND RESCUE TRAINING	11/05/2019	11/09/2019	40	Technical	BUREAU OF FIRE PROTECTION, Baybay
	FIRE FIGHTING AND RESCUE TRAINING	11/05/2019	11/09/2019	40	Technical	Bureau of Fire Protection Baybay City
	STANDARD FIRST AID TRAINING	10/23/2017	10/26/2017	32	Technical	PHILIPPINE RED CROSS/ Hilongos Chapter
	Basic Life Support (CPR & AED)	10/10/2017	10/26/2017	32	Technical	PHILIPPINE RED CROSS/ Hilongos Chapter
	HIV in the Workplace Seminar	12/09/2016	12/09/2016	5	Technical	VSU / LTO Baybay
	SEMINAR ON DEFFENSIVE DRIVING	10/26/2016	10/26/2016	4	Technical	VSU Hospital
	BASIC LIFE SUPPORT FIRE FIGHTING AND RESCUE TRAINING	07/04/2016	07/08/2016	40	Technical	Bureau of Fire Protection Baybay City
	Emergency Responce Skills Training	03/14/2016	03/18/2016	40	Technical	Bureau of Fire Protection Baybay City

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION		
31.	32.	33.
SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Driving two/four wheels vehicles	CERTIFICATE OF RECOGNITION FOR HELPING AND ASSISTING THE BAYBAY CITY FIRE STATION PERSONNEL IN THE SUPPRESSION OPERATION DURING FIRE EMERGENCY AT BRGY. MARCOS, BAYBAY CITY, LEYTE	N/A
Ability to work in harmony with co-workers	CERTIFICATE OF RECOGNITION FOR HELPING AND ASSISTING THE BAYBAY CITY FIRE STATION PERSONNEL IN THE SUPPRESSION OPERATION DURING FIRE EMERGENCY AT BRGY. SABANG, BAYBAY CITY, LEYTE	
Computer Games	CERTIFICATE OF APPRECIATION FOR ACTIVELY SERVING AS FACILITATOR ON FIRE AND EARTHQUAKE DRILL	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	03/14/2023
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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)?			☐ YES☒ NO ☐ YES☒ 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?			☐ YES☒ NO If YES, give details: _____ ☐ YES☒ 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?			☐ YES☒ 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?			☐ YES☒ 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?			☐ YES☒ NO If YES, give details: _____ ☐ YES☒ NO If YES, give details: _____													
39. Have you acquired the status of an immigrant or permanent resident of another country?			☐ YES☒ 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?			☐ YES☒ NO If YES, please specify: _____ ☐ YES☒ NO If YES, please specify ID No _____ ☐ YES☒ NO If YES, please specify ID No _____													
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>OFELIA AMANCIO</td><td>4-DE AGOSTO MAHAPLAG</td><td>09072918156</td></tr><tr><td>MATET DELA PENA</td><td>BRGY. PANGASUGAN</td><td>09265267684</td></tr><tr><td>DEXTER MAGAN</td><td>BRGY. PANGASUGAN</td><td>09753804045</td></tr></table>					NAME	ADDRESS	TEL. NO.	OFELIA AMANCIO	4-DE AGOSTO MAHAPLAG	09072918156	MATET DELA PENA	BRGY. PANGASUGAN	09265267684	DEXTER MAGAN	BRGY. PANGASUGAN	09753804045
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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.			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 PHOTO Right Thumbmark													
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i> Government Issued ID: N/A ID/License/Passport No.: N/A Date/Place of Issuance: N/A		Signature (Sign inside the box) 03/14/2023 Date Accomplished														
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath																