

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	Atok		
FIRST NAME	Jo Jane	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Daisog		
3. DATE OF BIRTH (mm/dd/yyyy)	04/12/1991	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	Tingkanan Island, Balacson, Kawayan, Biliran	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" 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:	17. RESIDENTIAL ADDRESS	Zone 2
7. HEIGHT (m)	1.53	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	50.00		Guadalupe (Utod)
9. BLOOD TYPE	O		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		BAYBAY LEYTE
11. PAG-IBIG ID NO.	N/A		City/Municipality Province
12. PHILHEALTH NO.	N/A	18. PERMANENT ADDRESS	6521
13. SSS NO.	N/A	ZIP CODE	Purok 1
14. TIN NO.	N/A		House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	V01206		Concepcion
			Subdivision/Village Barangay
			ORMOC CITY LEYTE
		City/Municipality Province	6541
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	967-287-4451
		21. E-MAIL ADDRESS (if any)	jojane.atok@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	None		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	None	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	None			
OCCUPATION	None			
EMPLOYER/BUSINESS NAME	None			
BUSINESS ADDRESS	None			
TELEPHONE NO.	None			
24. FATHER'S SURNAME	Atok			
FIRST NAME	Johnny	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Balondo			
25. MOTHER'S MAIDEN NAME	Dalia Sioc Daisog			
SURNAME	Atok			
FIRST NAME	Dalia			
MIDDLE NAME	Daisog		(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	Sabang Bao Elementary School	Elementary	1997	2003	Salutatorian	2003	
SECONDARY	Leyte State University Laboratory High School	High School	2003	2007		2007	
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Bachelor of Science in Biotechnology	2007	2011		2011	
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/22/2022
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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			
	ZOETM Fluorescent Cell Imager Training	02/07/2019	02/07/2019	4	Research	Lifeline Diagnostics Supplies, Inc.
	Training-workshop on Lactate Dehydrogenase Cytotoxicity Assay	12/03/2018	12/14/2018	80	Research	Disease Molecular Biology and Epigenetic Laboratory National Institute of Molecular Biology and Biotechnology
	PPSQ-31/33B Training (Protein Sequencer)	03/12/2018	03/16/2018	40	Research	Shimadzu Philippines
	Operation of PPSQ with HPLC Prominence	05/16/2017	05/18/2017	27	Research	Shimadzu Philippines
	Safety Handling of Horizontal Flow Hood Cabinet	10/12/2016	10/12/2016	4	Research	Biotech Laboratory

(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)
	N/A		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/22/2022
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<div>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)?</div>		<div><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></div>												
<div>35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div></div>												
<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>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<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>		<div><div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details: Completed Contract</div></div>												
<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>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div></div>												
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></div>												
<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 items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?</div>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div></div></div>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>Chinelo M. Cardaño</td><td>Baybay City, Leyte, 6521 Philippines</td><td>09359797124</td></tr><tr><td>Ma.Theresa P. Loreto</td><td>Baybay City, Leyte, 6521 Philippines</td><td>09194191915</td></tr><tr><td>Edgardo E. Tulin</td><td>Baybay City, Leyte, 6521 Philippines</td><td>09173108081</td></tr></table>			NAME	ADDRESS	TEL. NO.	Chinelo M. Cardaño	Baybay City, Leyte, 6521 Philippines	09359797124	Ma.Theresa P. Loreto	Baybay City, Leyte, 6521 Philippines	09194191915	Edgardo E. Tulin	Baybay City, Leyte, 6521 Philippines	09173108081
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<div>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.</div>		<div><div><div>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</div><div>PHOTO</div></div><div><div></div><div>Right Thumbmark</div></div></div>												
<div><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: N/A</div><div>ID/License/Passport No.: N/A</div><div>Date/Place of Issuance: N/A</div></div>	<div><div></div><div>Signature (Sign inside the box)</div><div>02/22/2022</div><div>Date Accomplished</div></div>													
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div></div><div>Person Administering Oath</div></div>														