

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	Castañas		
FIRST NAME	Joeven	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Good		
3. DATE OF BIRTH (mm/dd/yyyy)	09/17/1981	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Surigao Del Sur	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	Sitio Cambatuan
7. HEIGHT (m)	1.67	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	84.00		Subdivision/Village Bungay
9. BLOOD TYPE	A-		BAYBAY LEYTE
10. GSIS ID NO.	N/A		City/Municipality Province
11. PAG-IBIG ID NO.	121209631448		6521
12. PHILHEALTH NO.	182005558353	18. PERMANENT ADDRESS	House/Block/Lot No. Street
13. SSS NO.	N/A	ZIP CODE	Subdivision/Village Barangay
14. TIN NO.	240739548		City/Municipality Province
15. AGENCY EMPLOYEE NO.	VJO00227		
16. CITIZENSHIP		19. TELEPHONE NO.	(1
20. MOBILE NO.		20. MOBILE NO.	965-405-4083
21. E-MAIL ADDRESS (if any)		21. E-MAIL ADDRESS (if any)	joeven.castañas@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Castañas		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Rezyl	NAME EXTENSION (JR., SR)	Joyzel Dagon	10/04/2004
MIDDLE NAME	Dagon		Krexyl Castañas	10/07/2005
OCCUPATION			Euge Castañas	04/03/2013
EMPLOYER/BUSINESS NAME			Larry Joe Castañas	01/12/2015
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	Castañas			
FIRST NAME	Larito	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Morales			
25. MOTHER'S MAIDEN NAME	Ugsang			
SURNAME	Castañas			
FIRST NAME	Lydia			
MIDDLE NAME	Good		(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	N/A						
SECONDARY	Consolacion National High School	High School	1999	2003		2003	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/28/2023
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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	4	Technical	USHER, VSU
	Typhoon Awareness & Calamity Readiness (Virtual)	06/29/2022	06/29/2022	8	Technical	Department of Meteorology
	Community-Based Disaster and Risk-Reduction Management (CBDRRM) - Training (F2F)	06/04/2022	06/04/2022	8	Technical	Korea International Cooperation Agency (KOICA), Philippine KOICA Fellows Association, Inc. (PHILKOFA)
(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		Kabalikat Civicom	
					Couples for Christ Brgy. Patag Baybay City, Leyte	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	02/28/2023	

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)?			☐ 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: _____ End of Term _____														
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>Julius Abela</td><td>VSU Campus</td><td>09208553990</td></tr><tr><td>Alex O. Elorcha</td><td>VSU Campus</td><td>09451724478</td></tr><tr><td>Dario P. Lina</td><td>VSU Campus</td><td>09566807275</td></tr></table>						NAME	ADDRESS	TEL. NO.	Julius Abela	VSU Campus	09208553990	Alex O. Elorcha	VSU Campus	09451724478	Dario P. Lina	VSU Campus	09566807275
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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														
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) 02/28/2023 Date Accomplished			Right Thumbmark														
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath																	