CS Form No. 212
Revised 2017

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	Joson
FIRST NAME	Jude
NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	Dalinas
3. DATE OF BIRTH (mm/dd/yyyy)	08/11/1976
4. PLACE OF BIRTH	
5. SEX	☑ Male ☐ Female
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.58
8. WEIGHT (kg)	74.00
9. BLOOD TYPE	A+
10. GSIS ID NO.	N/A
11. PAG-IBIG ID NO.	121268910576
12. PHILHEALTH NO.	090504909620
13. SSS NO.	3392518540
14. TIN NO.	294147164
15. AGENCY EMPLOYEE NO.	VJO00440
16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization
If holder of dual citizenship, please indicate the details.	Pls. indicate country: Philippines
17. RESIDENTIAL ADDRESS	House/Block/Lot No. / Street / Subdivision/Village / Barangay / City/Municipality / Province
ZIP CODE	
18. PERMANENT ADDRESS	House/Block/Lot No. / Street / Subdivision/Village / Barangay / City/Municipality / Province
ZIP CODE	
19. TELEPHONE NO.	(1
20. MOBILE NO.	927-330-0241
21. E-MAIL ADDRESS (if any)	jude.joson@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE\'S SURNAME	JOSON	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOVELYN (NAME EXTENSION (JR., SR))	GAVRIEL RAEL JOSON	01/04/2016
MIDDLE NAME	RAEL		
OCCUPATION	Housewife		
EMPLOYER/BUSINESS NAME	NONE		
BUSINESS ADDRESS	NONE		
TELEPHONE NO.	09273300241		
24. FATHER\'S SURNAME	JOSON		
FIRST NAME	EUSEBIO (NAME EXTENSION (JR., SR))		
MIDDLE NAME	TORCINO		
25. MOTHER\'S MAIDEN NAME	VIRGINIA SAMANTE DALINAS		
SURNAME	JOSON		
FIRST NAME	VIRGINIA		
MIDDLE NAME	DALINAS	*(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 From	PERIOD OF ATTENDANCE To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	Mahaplag Elementary School	Elementary	1985	1990	Graduate	1990	N/A
SECONDARY	Mahaplag National High School San Isidro	High School	1991	1995	Graduate	1995	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Bachelor of Science in Agricultural Education	1999	2003	Graduate	2003	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/07/2023

IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format"00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
09/12/2004	03/02/2009	SECURITY GUARD	Elite Force Security Agency	8,000.00	-	Contractual	N

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	06/07/2023

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			
ISO Awareness & Re-Awareness Seminar	10/31/2022	10/31/2022	4	Technical	ODQA, Visayas State University
Hands-Only Cardiopulmonary Resuscitation	07/22/2022	07/22/2022	4	Technical	VSU Hospital
DISASTER RISK REDUCTION AND MANAGEMENT (DRRM) TRAINING FOR LGU-BAYBAY CITY	06/04/2022	06/04/2022	8	Technical	Korea International Cooperation Agency (KOICA), Philippine KOICA Fellows Association, Inc. (PHILKOFA)
Community-Based Disaster and Risk-Reduction Management (CBDRRM) - Training (F2F)	06/04/2022	06/04/2022	8	Technical	PHILKOFA and KOICA, Philippines
In-Service Enhancement Training Course and Re-Training Course	12/03/2019	12/13/2019	88	Technical	JVO Dynamic Security Training Academy
Seminar on Enhance Comprehensive Local Integration Program	03/13/2019	03/13/2019	8	Technical	Provincial Social Welfare and Development Office
Local Shelter Plan Formulation Workshop training	10/08/2018	10/12/2018	40	Technical	Housing and Urban Development Coordinating Council (HUDCC)
Involvement in the Orientation on the Enhanced Comprehensive Local Integration Program (E-CLIP)	10/01/2018	10/02/2018	16	Technical	Provincial Social Welfare and Development Office
Recognition for wholehearted cooperation in the operation and activities of the Enhanced Comprehensive Local Integration Program (E-CLIP)for Former Rebels	09/30/2018	09/30/2018	4	Technical	Province of Leyte
Attend the 2nd Batch Consultation Dialogue with LCE's,LDRRMO's and C/MSWDO's on DRRM Programs and Projects Implementation	09/27/2018	09/28/2018	16	Technical	Department Of Social Welfare and development (DSWD R08)
Appreciation of Outstanding dedication in upholding the objectives of Kalahi-CIDSS Program	12/11/2017	12/11/2017	8	Technical	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT - KALAHI
5K Category of the TAKBO KALAHI: DSWD Kalahi-CIDSS Champions Run	08/26/2017	08/26/2017	4	Technical	Department Of Social Welfare and development (DSWD R08)
Community Driven Development Training for Area & Municipal Coordinating Teams	08/22/2017	08/24/2017	24	Technical	Department Of Social Welfare and development (DSWD R08)
Standard Community Empowerment Activity Cycle Stage 2	04/25/2016	04/29/2016	40	Technical	Department Of Social Welfare and development (DSWD R08)
Community Procurement and Community Financial Management Training	04/22/2015	04/25/2015	32	Technical	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT - KALAHI
Training on Stage 3 & 4 of Accelerated Community Empowerment Activity Cycle "Training on M & E Forms and MySQL DataBase," " Training on KALAHI CIDSS-NCDDP Safeguards"	02/02/2015	02/11/2015	80	Technical	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT - KALAHI
"KALAHI-NCDDP Training fpr Area Coordinating Teams"	09/28/2014	10/06/2014	48	Technical	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT - KALAHI
PLEASE SEE ATTACHMENT A					

(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
		"KARANCHO"-Kababayan Riders Association for New Cultural Harmony and Order Inc.

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/07/2023

Attachment A.1

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 on Peer Counseling Service	11/04/2013	11/06/2013	24	Technical	Department Of Social Welfare and development (DSWD R08)
Attend Training on Psychosocial Support in Emergency Setting for LGU Implementers of Disaster Prone Areas	12/12/2012	12/15/2012	32	Technical	Department Of Social Welfare and development (DSWD R08)
Capability Building on Peer Support System	03/13/2012	03/16/2012	32	Technical	Department Of Social Welfare and development (DSWD R08)
Roll-Out Training on the Use of th Enhanced Family Development Session Manual Set 4 Areas	02/13/2012	02/17/2012	40	Technical	Department of Social Welfare and Development R08 " Pantawid Pamilyang Pilipino Program (4P's)
"OSY" Out of School Youth	12/01/2011	12/02/2011	16	Technical	Department of Education - Leyte Division
Re-Training Course (RTC)	09/22/2006	10/02/2006	88	Technical	Elite Security Career Development Center Incorporated

(Continue on separate sheet if necessary)

SIGNATURE		*DATE*	06/07/2023

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 apppointed, 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?	☐ YES ☑ NO If YES, give details:
b. Have you been criminally charged before any court?	☐ 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)?	☐ YES ☑ NO If YES, give details:
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:
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)

NAME	ADDRESS	TEL. NO.
MARK L. ALONZO	OBLACION MAHAPLAG,LEYTE	09265213177
Orpha R. Montareal	Mahayag,Mahaplag Leyte	09069029702
Brenda P. Parco	Mahayag,Mahaplag Leyte	09355300849/

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

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.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver\'s License, etc.) *PLEASE INDICATE ID Number and Date of Issuance*
Government Issued ID: **DL**
ID/License/Passport No.: **H1213001558**
Date/Place of Issuance: 08/11/2020 / BAYBAY CITY LEYTE

Signature (Sign inside the box)
06/07/2023
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