

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	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH		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)	1.58	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.	121268910576		
12. PHILHEALTH NO.	090504909620	18. PERMANENT ADDRESS	
13. SSS NO.	3392518540	ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	294147164		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	VJO00440		City/Municipality Province
		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 RAEJ 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		HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
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	06/09/2023
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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			
	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
	Community-Based Disaster and Risk-Reduction Management (CBDRRM) - Training (F2F)	06/04/2022	06/04/2022	8	Technical	PHILKOFA and KOICA, Philippines
	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)
	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	06/09/2023
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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>MARK L. ALONZO</td><td>OBLACION MAHAPLAG,LEYTE</td><td>09265213177</td></tr><tr><td>Orpha R. Montareal</td><td>Mahayag,Mahaplag Leyte</td><td>09069029702</td></tr><tr><td>Brenda P. Parco</td><td>Mahayag,Mahaplag Leyte</td><td>09355300849/</td></tr></table>			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/
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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: DL ID/License/Passport No.: H1213001558 Date/Place of Issuance: 08/11/2020 / BAYBAY CITY LEYTE	Signature (Sign inside the box) 06/09/2023 Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath														