

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	Maaghop														
FIRST NAME	Jhone Ronelle	NAME EXTENSION (JR., SR) N/A													
MIDDLE NAME	Guiriba														
3. DATE OF BIRTH (mm/dd/yyyy)	03/23/1995	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country: Philippines												
4. PLACE OF BIRTH		If holder of dual citizenship, please indicate the details.													
5. SEX	☒ Male ☐ Female														
6. CIVIL STATUS	☒ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	<table><tr><td>House/Block/Lot No.</td><td>Street</td></tr><tr><td>Zone 4</td><td>Zone 4 Pob. (Town Proper)</td></tr><tr><td>Subdivision/Village</td><td>Barangay</td></tr><tr><td>BANGUED (Capital)</td><td>ABRA</td></tr><tr><td>City/Municipality</td><td>Province</td></tr><tr><td colspan="2">2800</td></tr></table>	House/Block/Lot No.	Street	Zone 4	Zone 4 Pob. (Town Proper)	Subdivision/Village	Barangay	BANGUED (Capital)	ABRA	City/Municipality	Province	2800	
House/Block/Lot No.	Street														
Zone 4	Zone 4 Pob. (Town Proper)														
Subdivision/Village	Barangay														
BANGUED (Capital)	ABRA														
City/Municipality	Province														
2800															
7. HEIGHT (m)	1.00	18. PERMANENT ADDRESS													
8. WEIGHT (kg)	1.00														
9. BLOOD TYPE	A-														
10. GSIS ID NO.	N/A														
11. PAG-IBIG ID NO.	N/A														
12. PHILHEALTH NO.	N/A														
13. SSS NO.	N/A	19. TELEPHONE NO.	(1												
14. TIN NO.	1231312312312	20. MOBILE NO.	1												
15. AGENCY EMPLOYEE NO.	VJO00505	21. E-MAIL ADDRESS (if any)	jrmaaghop@vsu.edu.ph												

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Orano		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Jonah Flor	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION	Instructor			
EMPLOYER/BUSINESS NAME	VSU			
BUSINESS ADDRESS	Visayas State University, Baybay City			
TELEPHONE NO.				
24. FATHER'S SURNAME	N/A			
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	N/A			
25. MOTHER'S MAIDEN NAME	N/A			
SURNAME	N/A			
FIRST NAME	N/A			
MIDDLE NAME	N/A		(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	Gabas Central Elementary School	Elementary	2004	2007		2007	N/A
SECONDARY	Baybay National High School	High School	2007	2011		2011	
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Bachelor of Science in Computer Science	2011	2015		2015	
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/04/2023
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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			
	N/A	N/A	N/A	N/A	N/A	N/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		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/04/2023
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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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.												
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.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: TIN ID/License/Passport No.: 1231312312312 Date/Place of Issuance: 03/29/2022 / asdasd	Signature (Sign inside the box) 01/04/2023 Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath														