

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	Ocañada		
FIRST NAME	Jemuel	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Abellana		
3. DATE OF BIRTH (mm/dd/yyyy)	09/04/1993	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Baybay City, Leyte	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	A. Tavera St. House/Block/Lot No. Street Poblacion Zone 15 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.68	ZIP CODE	6521
8. WEIGHT (kg)	88.00		
9. BLOOD TYPE	A+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121130178904	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
12. PHILHEALTH NO.	130252516284	ZIP CODE	
13. SSS NO.	0638500675	19. TELEPHONE NO.	(
14. TIN NO.	459282473	20. MOBILE NO.	975-154-2160
15. AGENCY EMPLOYEE NO.	VJO00872	21. E-MAIL ADDRESS (if any)	jemuel.ocanada@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Ocañada		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Ana Lea	NAME EXTENSION (JR., SR)	Juvann Anthon O. Ocañada	05/11/2020
MIDDLE NAME	Oraño		Juhann Anthon O. Ocañada	05/11/2020
OCCUPATION	Branch Associate			
EMPLOYER/BUSINESS NAME	EUPI-PPS			
BUSINESS ADDRESS	Puerto Princesa Palawan			
TELEPHONE NO.	09651338384			
24. FATHER'S SURNAME	Ocañada			
FIRST NAME	Edgardo	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Gomez			
25. MOTHER'S MAIDEN NAME	Cruza			
SURNAME	Ocañada			
FIRST NAME	Flora			
MIDDLE NAME	Abellana		(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	Baybay I Central School	Elementary	1999	2005		2005	
SECONDARY	Baybay National High School	High School	2005	2009		2009	
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Bachelor of Science in Agribusiness	2009	2014		2014	
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/26/2022
-----------	--	------	------------

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 9001:2015 Awareness/ Re-awareness Webinar	11/27/2020	11/27/2020	8	Technical	Quality Assurance Center, Visayas State University
	Document Tracking System	11/13/2020	11/13/2020	3	Technical	Human Resource Information System, Visayas State University
	Digital Jobs Ph	09/03/2019	11/05/2019	96	Technical	DICT - Baybay City, Leyte

(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	04/26/2022
-----------	--	------	------------

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>Stephen Alexeus Baltaza</td><td>San Antonio Baybay City, Leyte</td><td>09067788813</td></tr><tr><td>Armel Gonzaga</td><td>Baybya City, Leyte</td><td>09154384487</td></tr><tr><td>Thelma Zafra</td><td>30 de Diciembre St. Baybay City, Leyte</td><td>09173065494</td></tr></table>				NAME	ADDRESS	TEL. NO.	Stephen Alexeus Baltaza	San Antonio Baybay City, Leyte	09067788813	Armel Gonzaga	Baybya City, Leyte	09154384487	Thelma Zafra	30 de Diciembre St. Baybay City, Leyte	09173065494
NAME	ADDRESS	TEL. NO.													
Stephen Alexeus Baltaza	San Antonio Baybay City, Leyte	09067788813													
Armel Gonzaga	Baybya City, Leyte	09154384487													
Thelma Zafra	30 de Diciembre St. Baybay City, Leyte	09173065494													
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: TIN ID/License/Passport No.: 459282473 Date/Place of Issuance: 10/21/2014 / Ormoc City, Leyte		Signature (Sign inside the box) 04/26/2022 Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath															