

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	DECANO		
FIRST NAME	JERICO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	BENITEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	07/11/1999	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX AT BIRTH	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	456 House/Block/Lot No. Street Kilim Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.68	ZIP CODE	6521
8. WEIGHT (kg)	70.00		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	456 House/Block/Lot No. Street Kilim Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. UMID ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.	121327538938		
12. PHILHEALTH NO.	132503647447		
13. PhilSys NO. (PSN)	2694587067290850	19. TELEPHONE NO.	N/A
14. TIN NO.	6317941460000	20. MOBILE NO.	945-622-4811
15. AGENCY EMPLOYEE NO.	VJO02766	21. E-MAIL ADDRESS (if any)	jericho.decano@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	DECANO			
FIRST NAME	RODOLFO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	G			
25. MOTHER'S MAIDEN NAME	MARISSA M. BENITEZ			
SURNAME	DECANO			
FIRST NAME	MARISSA			
MIDDLE NAME			(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	VISCA FOUNDATION ELEMENTARY SCHOOL	Elementary Graduate	2006	2012		2012	N/A
SECONDARY	VISAYAS STATE UNIVERSITY INTEGRATED HIGH SCHOOL	High School Graduate	2012	2018		2018	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN FOOD SCIENCE AND TECHNOLOGY	2018	2023		2023	VARSITY GRANT
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	11/23/2025
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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 9001:2015 AWARENESS & RE-AWARENESS WEBINAR	09/05/2025	09/05/2025	8	Technical	VISAYAS STATE UNIVERSITY
	NATIONAL CERTIFICATE II IN BREAD AND PASTRY PRODUCTION	12/02/2024	01/18/2025	126	Technical	BAYBAY TECHNICAL AND VOCATIONAL TRAINING CENTER
	ROOT CAUSE ANALYSIS: TRACING A PROBLEM FROM ITS ORIGINS	07/30/2024	07/30/2024	4	Technical	GLENWOOD TECHNOLOGIST INTERNATIONAL INC.
	FTODA: BIYAHENG LOKAL, PASADA NG KARUNUNGAN "FTALAKAY: FDA LICENSING"	04/21/2023	04/21/2023	8	Technical	FOOD AND DRUG ADMINISTRATION
	CONSUMERS' FOOD SAFETY AWARENESS "HOW TO TELL MY FOOD IS SAFE TO EAT"	04/20/2023	04/20/2023	8	Technical	FOOD AND DRUG ADMINISTRATION
	TRENDS AND UPDATES IN HYGIENE AND SANITATION CONTROL PROGRAM IN THE FOOD SERVICE INDUSTRY	04/19/2023	04/19/2023	8	Managerial	VISAYAS STATE UNIVERSITY
	WEBINAR OF PLANNING AND PREPARATION	03/17/2023	03/17/2023	8	Technical	VISAYAS STATE UNIVERSITY
	2022 INTERNATIONAL FOOD VALUE CHAIN WEBINAR AND WORKSHOP	07/04/2022	07/08/2022	40	Technical	INSTITUTE FOR THE DEVELOPMENT OF AGRICULTURAL COOPERATION IN ASIA (IDACA)
	TECHNICAL WEBINAR ON ANTIBIOTIC CONTAMINATION IN FOOD	05/20/2022	05/20/2022	8	Technical	VISAYAS STATE UNIVERSITY

(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	11/23/2025
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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)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
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?		<div><input checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: Resigned</div>
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No _____</div>
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME		OFFICE / RESIDENTIAL ADDRESS
CONTACT NO. AND/OR EMAIL		
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.		
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: N/A</div> <div>ID/License/Passport No.: N/A</div> <div>Date/Place of Issuance: N/A</div>		<div>Signature (Sign inside the box)</div> <div>11/23/2025</div> <div>Date Accomplished</div>
		<div>Right Thumbmark</div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div>Person Administering Oath</div>		