

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly if accomplished through own handwriting. Tick appropriate boxes ☐ and use separate sheet if necessary indicate N/A if not applicable. **DO NOT ABBREVIATE.**

I. PERSONAL INFORMATION

1. SURNAME	DAYONDON		
2. FIRST NAME	MARY JANE	NAME EXTENSION (Jr., Sr.)	
MIDDLE NAME	MONTAJES		
3. DATE OF BIRTH (dd/mm/yyyy)	26/5/1996	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.	
5. SEX AT BIRTH	<input type="checkbox"/> Male <input checked="" 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	
7. HEIGHT (m)	1.53	House/Block/Lot No. Street	
8. WEIGHT (kg)	56	BRGY. GAAS	
9. BLOOD TYPE		Subdivision/Village Barangay	
10. UMID ID NO.		BAYBAY CITY LEYTE	
11. PAG-IBIG ID NO.	1212 - 0819 - 7463	City/Municipality Province	
12. PhilHEALTH NO.	13 - 025478835 - 0	ZIP CODE 6521	
13. PhilSys Number (PSN)	5730 - 1341 - 2482 - 9620	18. PERMANENT ADDRESS	
14. TIN NO.	711 - 108 - 172	House/Block/Lot No. Street	
15. AGENCY EMPLOYEE NO.		BRGY. GAAS	
		Subdivision/Village Barangay	
		BAYBAY CITY LEYTE	
		City/Municipality Province	
		ZIP CODE 6521	
		19. TELEPHONE NO.	
		20. MOBILE NO. 09085574978	
		21. E-MAIL ADDRESS (if any) mjdayondon1996@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME	NAME EXTENSION (Jr., Sr.)			
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DAYONDON			
FIRST NAME	PASCUAL JR			
MIDDLE NAME	ZABALA			
25. MOTHER'S MAIDEN NAME				
SURNAME	MONTAJES			
FIRST NAME	MA. CECILIA			
MIDDLE NAME	MANULAT			

(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	GAAS ELEMENTARY SCHOOL		2003	2009		2009	
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL		2009	2013		2013	
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR SCIENCE IN AGRICULTURE (SOIL SCIENCE)	2013	2017		2017	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 5, 2025
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[illegible]

V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

**DATE**

December 5, 2025

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]






(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 5, 2023
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">OFFICE / RESIDENTIAL ADDRESS</th> <th style="width: 34%;">CONTACT NO. AND/OR EMAIL</th> </tr> </thead> <tbody> <tr> <td>SUZETTE B. LINA</td> <td>DEPARTMENT OF SOIL SCIENCE, VSU</td> <td>09199613922/sblina@vsu.edu.ph</td> </tr> <tr> <td>DEEJAY M. LUMANAO</td> <td>DEPARTMENT OF SOIL SCIENCE, VSU</td> <td>09655824000/deemaymarangut@vsu.edu.ph</td> </tr> <tr> <td>LUZ O. MORENO</td> <td>NATIONAL ABACA RESEARCH CENTER, VSU</td> <td>lomoreno@vsu.edu.ph</td> </tr> </tbody> </table>		NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL	SUZETTE B. LINA	DEPARTMENT OF SOIL SCIENCE, VSU	09199613922/sblina@vsu.edu.ph	DEEJAY M. LUMANAO	DEPARTMENT OF SOIL SCIENCE, VSU	09655824000/deemaymarangut@vsu.edu.ph	LUZ O. MORENO	NATIONAL ABACA RESEARCH CENTER, VSU	lomoreno@vsu.edu.ph
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<p>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.</p>													
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<div style="text-align: center;">  MARY JANE M. DAVONDON </div> <div style="text-align: center;">  Right Thumbmark </div>													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting her/his validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 10px auto; text-align: center;"> <p>Person Administering Oath</p> </div>													