

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	ROMERO		
FIRST NAME	JHAYSON		NAME EXTENSION (JR., SR)
MIDDLE NAME	ZABATE		
3. DATE OF BIRTH (mm/dd/yyyy)	12/08/1997	16. CITIZENSHIP	Pls. indicate country: PHILIPPINES
4. PLACE OF BIRTH	ISABEL LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	MALE		
6 CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS	SABANG
7. HEIGHT (m)	1.55	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	55		Subdivision/Village Barangay
9. BLOOD TYPE	A+		ISABEL LEYTE
10. GSIS ID NO.	N/A		City/Municipality Province
11. PAG-IBIG ID NO.	1212-2548-1300	18. PERMANENT ADDRESS	SABANG
12. PHILHEALTH NO.	13-0502007093	ZIP CODE	House/Block/Lot No. Street
13. SSS NO.	06-4124661-8		Subdivision/Village Barangay
14. TIN NO.	751-569-695-000		ISABEL LEYTE
15. AGENCY EMPLOYEE NO.			City/Municipality Province
19. TELEPHONE NO.	N/A		
20. MOBILE NO.	0933-590-4136 / 0953-245-8134		
21. E-MAIL ADDRESS (if any)	eronz0812@gmail.com		

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
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	ROMERO		N/A	N/A
FIRST NAME	NORMAN	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	ROJAS		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	ZABATE		N/A	N/A
FIRST NAME	PETRONIA		N/A	N/A
MIDDLE NAME	TABELON		(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	ISABEL CENTRAL SCHOOL		2004	2010		2010	
SECONDARY	ISABEL NATIONAL COMPREHENSIVE SCHOOL		2010	2014		2014	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY - ISABEL	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY (BSIT)	2014	2019		2019	
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/10/2025
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CERTIFIED TESDA COMPUTER SYSTEM SERVICING (CSS) NC-II PROFESSIONAL	N/A	MAY 2019	ABUCAY, TACLOBAN, CITY, LEYTE		2029-12-11
	DRIVER LICENSE	N/A	OCTOBER 2023	ORMOC CITY, LEYTE		2026-12-08
	CAREER SERVICE SUB-PROFESSIONAL	83.59	MARCH 2, 2025	NEW ORMOC CITY NATIONAL HIGH SCHOOL, ORMOC CITY, LEYTE		N/A

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE	<i>[Signature]</i>	DATE	10/10/2025
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the program	
2. Description of the program	
3. Date of attendance	
4. Location of the program	
5. Name of the provider	
6. Name of the facilitator	
7. Name of the participant	
8. Title of the program	
9. Description of the program	
10. Date of attendance	
11. Location of the program	
12. Name of the provider	
13. Name of the facilitator	
14. Name of the participant	
15. Title of the program	
16. Description of the program	
17. Date of attendance	
18. Location of the program	
19. Name of the provider	
20. Name of the facilitator	
21. Name of the participant	
22. Title of the program	
23. Description of the program	
24. Date of attendance	
25. Location of the program	
26. Name of the provider	
27. Name of the facilitator	
28. Name of the participant	
29. Title of the program	
30. Description of the program	
31. Date of attendance	
32. Location of the program	
33. Name of the provider	
34. Name of the facilitator	
35. Name of the participant	
36. Title of the program	
37. Description of the program	
38. Date of attendance	
39. Location of the program	
40. Name of the provider	
41. Name of the facilitator	
42. Name of the participant	
43. Title of the program	
44. Description of the program	
45. Date of attendance	
46. Location of the program	
47. Name of the provider	
48. Name of the facilitator	
49. Name of the participant	
50. Title of the program	
51. Description of the program	
52. Date of attendance	
53. Location of the program	
54. Name of the provider	
55. Name of the facilitator	
56. Name of the participant	
57. Title of the program	
58. Description of the program	
59. Date of attendance	
60. Location of the program	
61. Name of the provider	
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63. Name of the participant	
64. Title of the program	
65. Description of the program	
66. Date of attendance	
67. Location of the program	
68. Name of the provider	
69. Name of the facilitator	
70. Name of the participant	
71. Title of the program	
72. Description of the program	
73. Date of attendance	
74. Location of the program	
75. Name of the provider	
76. Name of the facilitator	
77. Name of the participant	
78. Title of the program	
79. Description of the program	
80. Date of attendance	
81. Location of the program	
82. Name of the provider	
83. Name of the facilitator	
84. Name of the participant	
85. Title of the program	
86. Description of the program	
87. Date of attendance	
88. Location of the program	
89. Name of the provider	
90. Name of the facilitator	
91. Name of the participant	
92. Title of the program	
93. Description of the program	
94. Date of attendance	
95. Location of the program	
96. Name of the provider	
97. Name of the facilitator	
98. Name of the participant	
99. Title of the program	
100. Description of the program	
101. Date of attendance	
102. Location of the program	
103. Name of the provider	
104. Name of the facilitator	
105. Name of the participant	
106. Title of the program	
107. Description of the program	
108. Date of attendance	
109. Location of the program	
110. Name of the provider	
111. Name of the facilitator	
112. Name of the participant	
113. Title of the program	
114. Description of the program	
115. Date of attendance	
116. Location of the program	
117. Name of the provider	
118. Name of the facilitator	
119. Name of the participant	
120. Title of the program	
121. Description of the program	
122. Date of attendance	
123. Location of the program	
124. Name of the provider	
125. Name of the facilitator	
126. Name of the participant	
127. Title of the program	
128. Description of the program	
129. Date of attendance	
130. Location of the program	
131. Name of the provider	
132. Name of the facilitator	
133. Name of the participant	
134. Title of the program	
135. Description of the program	
136. Date of attendance	
137. Location of the program	
138. Name of the provider	
139. Name of the facilitator	
140. Name of the participant	
141. Title of the program	
142. Description of the program	
143. Date of attendance	
144. Location of the program	
145. Name of the provider	
146. Name of the facilitator	
147. Name of the participant	
148. Title of the program	
149. Description of the program	
150. Date of attendance	
151. Location of the program	
152. Name of the provider	
153. Name of the facilitator	
154. Name of the participant	
155. Title of the program	
156. Description of the program	
157. Date of attendance	
158. Location of the program	
159. Name of the provider	
160. Name of the facilitator	

[illegible]

(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)
COMPUTER LITERATE	N/A	N/A
FORMATTING		
ENCODING		
PROGRAMMING		

(Continue on separate sheet if necessary)

SIGNATURE	<i>A.</i>	DATE	10/10/2025
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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)?	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?	If YES, give details: _____													
	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?	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?	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?	If YES, give details: _____													
	If YES, give details: _____													
39. Have you acquired the status of an immigrant or permanent resident of another country?	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?	If YES, please specify: _____ If YES, please specify ID No: _____ If YES, please specify ID No: _____													
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>CATHERINE L. CHAN</td><td>ISABEL, LEYTE</td><td>0919-085-2480</td></tr><tr><td>GINA A. ELLORIMO</td><td>ISABEL, LEYTE</td><td>0919-085-2487</td></tr><tr><td>FE DAPHNEY C. RAMOS</td><td>ISABEL, LEYTE</td><td>0919-002-0951</td></tr></table>			NAME	ADDRESS	TEL. NO.	CATHERINE L. CHAN	ISABEL, LEYTE	0919-085-2480	GINA A. ELLORIMO	ISABEL, LEYTE	0919-085-2487	FE DAPHNEY C. RAMOS	ISABEL, LEYTE	0919-002-0951
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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.														
Government Issued ID (I.e Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: National ID ID/License/Passport No.: 6108-6375-4859-1842 Date/Place of Issuance: 08/07/2022	 Signature (Sign inside the box) 10/10/2025 Date Accomplished	 JHAYDEN Z. ROMERO  Right Thumbmark												
SUBSCRIBED AND SWORN to before me this October 10, 2025, affiant exhibiting his/her validly issued government ID as indicated above.														
CATHERINE L. CHAN Chancellor Person Administering Oath														