

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 if accomplished through own handwriting. Tick appropriate box(es) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

I. PERSONAL INFORMATION

1. SURNAME	VASQUEZ		
2. FIRST NAME	JELLY BETH	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MANGAYA-AY		
3. DATE OF BIRTH (dd/mm/yyyy)	16/03/2002	15. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pts. indicate country.
4. PLACE OF BIRTH	TACLOBAN 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	M.L. QUEZON House/Block/Lot No. Street BUNTAY Subdivision/Village Barangay ABUYOG LEYTE City/Municipality Province
7. HEIGHT (m)	1.62	ZIP CODE	
8. WEIGHT (kg)	60		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	M.L. QUEZON House/Block/Lot No. Street BUNTAY Subdivision/Village Barangay ABUYOG LEYTE City/Municipality Province
10. UMID ID NO.	06-5198586-2	ZIP CODE	6310
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	13-250241641-7		
13. PhilSys Number (PSN)	6315-0492-8429-4603	19. TELEPHONE NO.	
14. TIN NO.		20. MOBILE NO.	09617702602
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	thejellyjellyvasquez@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	VASQUEZ			
FIRST NAME	JOVERT	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LAURON			
25. MOTHER'S MAIDEN NAME				
SURNAME	MANGAYA-AY			
FIRST NAME	JENNY			
MIDDLE NAME	CATARIG			

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	BERNARDO V. CLOSA CENTRAL SCHOOL		2009	2014		2014	
SECONDARY	ABUYOG ACADEMY INC.		2014	2020		2020	HONOR
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN METEOROLOGY	2020	2025		2025	
GRADUATE STUDIES							

SIGNATURE		DATE	
		September 20, 2024	

[illegible]

<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> <hr/> <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: 33%;">CONTACT NO. AND/OR EMAIL</th> </tr> </thead> <tbody> <tr> <td>Mr. Charlindo S. Torrion</td> <td>VSU Department of Meteorology</td> <td>charlindo.torrion@vsu.edu.ph</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL	Mr. Charlindo S. Torrion	VSU Department of Meteorology	charlindo.torrion@vsu.edu.ph						
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Mr. Charlindo S. Torrion	VSU Department of Meteorology	charlindo.torrion@vsu.edu.ph											
<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>													
<p>Government Issued ID (i.e. Passport, GSS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: _____</p> <p>ID/License/Passport No.: _____</p> <p>Date/Place of Issuance: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 80px;">  </td> </tr> <tr> <td style="text-align: center;"> <p>Signature (Sign inside the box)</p> <p>September 20, 2021</p> <p>Date Accomplished</p> </td> </tr> </table>		<p>Signature (Sign inside the box)</p> <p>September 20, 2021</p> <p>Date Accomplished</p>										
													
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<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>SUBSCRIBED AND SWORN to before me this _____</p> <div style="border: 1px solid black; height: 50px; width: 100%; margin-top: 10px;"></div> <p style="text-align: center;">Person Administering Oath</p> </div> <div style="width: 35%; text-align: center;"> <p>affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div> </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Government Issued ID (i.e. Passport, GSS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: _____</p> <p>ID/License/Passport No.: _____</p> <p>Date/Place of Issuance: _____</p> </div> <div style="width: 35%; text-align: center;"> <p>PHOTO</p>  <p>Right Thumbmark</p>  </div> </div>													