

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 AB** 1. CS ID No (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

| | | | |
|-------------------------------|---|---|---|
| 2. SURNAME | POSAS | | |
| FIRST NAME | JUBEMARIE | NAME EXTENSION (JR., SR) N/A | |
| MIDDLE NAME | ESPERANZA | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 04/17/1993 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: |
| 4. PLACE OF BIRTH | BAYBAY LEYTE | If holder of dual citizenship, please indicate the details. | Peru |
| 5. SEX | <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 | SITIO CAABING House/Block/Lot No. Street POMPONAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521 |
| 7. HEIGHT (m) | 1.62 m | 18. PERMANENT ADDRESS | SITIO CAABING House/Block/Lot No. Street POMPONAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521 |
| 8. WEIGHT (kg) | 55 kg | 19. TELEPHONE NO. | N/A |
| 9. BLOOD TYPE | A | 20. MOBILE NO. | 09384156664 |
| 10. GSIS ID NO. | N/A | 21. E-MAIL ADDRESS (if any) | jubemarie.posas@vsu.edu.ph |
| 11. PAG-IBIG ID NO. | 121201349538 | | |
| 12. PHILHEALTH NO. | 13-025339539-8 | | |
| 13. SSS NO. | 06-3677409-8 | | |
| 14. TIN NO. | 474-954-315 | | |
| 15. AGENCY EMPLOYEE NO. | N/A | | |

II. FAMILY BACKGROUND

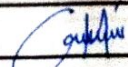
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|--------------------------|-----------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | N/A | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | N/A | NAME EXTENSION (JR., SR) | N/A | N/A |
| MIDDLE NAME | N/A | | | |
| OCCUPATION | N/A | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | |
| BUSINESS ADDRESS | N/A | | | |
| TELEPHONE NO. | N/A | | | |
| 24. FATHER'S SURNAME | POSAS | | | |
| FIRST NAME | RENARIO | NAME EXTENSION (JR., SR) | | |
| MIDDLE NAME | PENETRADO | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | ESPERANZA | | | |
| FIRST NAME | JULIETA | | | |
| MIDDLE NAME | LLONES | | | |

(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 NORTH CENTRAL SCHOOL | PRIMARY EDUCATION | 2000 | 2006 | Graduated | 2006 | |
| SECONDARY | FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION (FCIC) | HIGH SCHOOL | 2006 | 2010 | Graduated | 2010 | |
| VOCATIONAL / TRADE COURSE | N/A | N/A | N/A | N/A | N/A | N/A | |
| COLLEGE | VISAYAS STATE UNIVERSITY | BACHELOR OF SCIENCE IN NURSING | 2010 | 2011 | UNITS EARNED | | |
| | | BACHELOR OF SCIENCE IN AGRIBUSINESS | 2011 | 2015 | Graduated | 2015 | |
| GRADUATE STUDIES | VISAYAS STATE UNIVERSITY | MASTER OF MANAGEMENT - MAJOR IN AGRIBUSINESS MANAGEMENT | 2017 | 2018 | 40 UNITS | | |

(Continue on separate sheet if necessary)

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| SIGNATURE |  | DATE | 4/18/2023 |
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IV. CIVIL SERVICE ELIGIBILITY

| 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 |
| | N/A | N/A | N/A | N/A | N/A | N/A |
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V. WORK EXPERIENCE

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

| 28. | INCLUSIVE DATES (mm/dd/yyyy) | | POSITION TITLE (Write in full/Do not abbreviate) | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) | MONTHLY / DAILY SALARY | SALARY / JOB / PAY GRADE (if applicable) & STEP (Format '00-0') / INCREMENT | STATUS OF APPOINTMENT | GOVT SERVICE (Y / N) |
|-----|---------------------------------|------------|---|---|------------------------|--|-----------------------|----------------------|
| | From | To | | | | | | |
| | 01/03/2023 | Present | Admin Aide III | Accounting Office, Visayas State University | 603.40 | | JO | Yes |
| | 07/31/2015 | 12/31/2022 | Admin Aide I | Accounting Office, Visayas State University | 553.40 | | JO | Yes |
| | 06/15/2015 | 15/07/2015 | Clerk | Department of Business & Management, Visayas State | 260.00 | | JO | Yes |
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| SIGNATURE |  | DATE | 4/18/2023 |
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CMC / 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 |
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VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

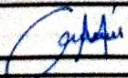
| 30. | TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) | | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
|-----|--|---|-------------|-----------------|---|--|
| | | From | To | | | |
| | ISO 9001:2015 Awareness/Re-awareness Seminar | 08/31/2022 | 08/31/2022 | 8 | | Visayas State Univerity |
| | Hands-Only Cardiopulmonary Resuscitation | 07/21/2022 | 07/22/2022 | 16 | | Department of Health |
| | KAALAM: Creative Forms and Narratives of the Contemporary (Zoom) | 03/09/2022 | 03/09/2022 | 8 | | Institute of Human Kinetics, Visayas State Univerity |
| | Webinar RA 11313 Safe Spaces Act | 12/10/2020 | 12/10/2020 | 3 | | Visayas State Univerity |
| | Webinar " Seminar on Financial Management" | 12/2/2020 | 12/3/2020 | 16 | | VICARP-DOST-PCAARRD Los Baños Laguna |
| | ISO 9001:2015 Awareness/Re-awareness Webinar | 11/27/2020 | 11/27/2020 | 4 | | Visayas State Univerity |
| | Orientation Workshop Among JO Clerks & Laboratory Technicians | 15/01/2019 | 15/01/2019 | 8 | | Visayas State Univerity |
| | Target Setting Workshop | 20/08/2018 | 21/08/2018 | 16 | | Visayas State Univerity |
| | "ISO 9001-2008 Orientation & Writeshop Among Clerk & Secretaries" | 15/01/2018 | 15/01/2018 | 8 | | Visayas State Univerity |
| | Marketing Management Seminar | 03/19/2017 | 03/19/2017 | 8 | | Department of Business and Management |
| | Leadership Seminar & Team Building | 21/02/2016 | 02/21/2016 | 8 | | Immaculate Conception Parish- Gym Baybay |
| | Pre-employment Seminar and Labor Education | 04/17/2015 | 04/17/2015 | 8 | | Organized by Department of Labor and Employment |
| | Innovation and Entrepreneurship Forum | 03/06/2015 | 03/06/2015/ | 8 | | Sponsored and organized by the Department of Business Management |
| | On the Job Training as Marketing staff | 11/11/2014 | 14/01/2015 | 300 | | Salinas Foods Inc. Mandaue City, Cebu |
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VIII. OTHER INFORMATION

| 31. | SPECIAL SKILLS and HOBBIES | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
|-----|-------------------------------------|-----|--|-----|---|
| | TECHNICAL SKILLS (MICROSOFT OFFICE) | | N/A | | N/A |
| | INTERPERSONAL SKILLS | | N/A | | N/A |
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(Continue on separate sheet if necessary)

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|------------------|---|-------------|-----------|
| SIGNATURE |  | DATE | 4/18/2023 |
|------------------|---|-------------|-----------|

34. Are you related by consanguinity or affinity to the appointing or recommending chief of bureau or office or to the person who has immediate supervision over you in 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: _____
 resignation

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)

| NAME | ADDRESS | TEL. NO. |
|----------------------|--------------------------|-------------|
| NICK FREDDY R. BELLO | Visayas State University | 09353256803 |
| NORIETA B. BUSTILLO | Visayas State University | 09152329310 |
| WILMA V. NAPIERE | Visayas State University | 09359633220 |



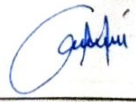
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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**

Government Issued ID: **Philhealth**

ID/License/Passport No.: **13-025339539-8**

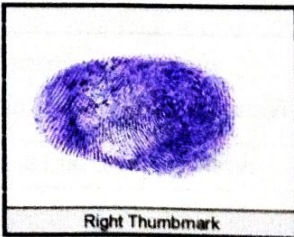
Date/Place of Issuance: **BAYBAY CITY**




Signature (Sign inside the box)

4/18/2023

Date Accomplished



DESCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.



Person Administering Oath