

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 () ☐ 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	VILLEGAS		
FIRST NAME	JAKE MARVIN		NAME EXTENSION (JR., SR)
MIDDLE NAME	CUIZON		
3. DATE OF BIRTH (mm/dd/yyyy)	04/15/1992	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 PUBLIC HOSPITAL	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	9 JOSE ABAD SANTOS House/Block/Lot No. Street VILLEGAS COMPOUND POBLACION ZONE 8 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
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:	18. PERMANENT ADDRESS	9 JOSE ABAD SANTOS House/Block/Lot No. Street VILLEGAS COMPOUND POBLACION ZONE 8 Subdivision/Village Barangay VILLEGAS COMPOUND LEYTE City/Municipality Province
7. HEIGHT (m)	1.6002	ZIP CODE	6521
8. WEIGHT (kg)	54	19. TELEPHONE NO.	0533007765
9. BLOOD TYPE	B	20. MOBILE NO.	09620609595/ 09268013913
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	Marvjkoofficial@gmail.com/ Jake.Villegas@vsu.edu.ph
11. PAG-IBIG ID NO.	121247412624		
12. PHILHEALTH NO.	132503610438		
13. SSS NO.	3483201245		
14. TIN NO.	743-698-189		
15. AGENCY EMPLOYEE NO.	N/A		

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	NAME EXTENSION (JR., SR)		N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	VILLEGAS			
FIRST NAME	MARIO SR.	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CORDOVA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CUIZON			
FIRST NAME	VIOLETA			
MIDDLE NAME	AUTIDA			

(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	ALTERNATIVE LEARNING SYSTEM	N/A					
SECONDARY	ALTERNATIVE LEARNING SYSTEM		01/01/2013	01/08/2013		2013	
VOCATIONAL / TRADE COURSE							
COLLEGE	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	0/01/2014	04/01/2018		2018	MAGNA CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/23/2025
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[illegible]

(Continue on separate sheet if necessary)

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

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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	
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DATE _____

04/23/2025

[illegible]

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

INCLUSIVE DATES OF	Type of ID	

[illegible]

VIII. OTHER INFORMATION

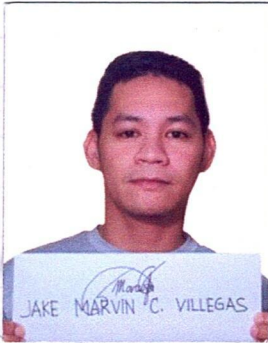

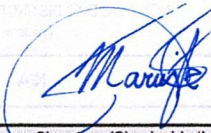

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31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Programming/ Application Development	N/A	N/A
Web Development		
Microsoft Office Literate		
Photo Editing Using Photoshop		

SIGNATURE		DATE	04/23/2025
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Mark

04/23/2025

<div>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>		<div><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></div>												
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div><div>Date Filed: <div></div></div><div>Status of Case/s: <div></div></div></div></div>												
<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>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div></div>												
<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>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div></div>												
<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>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:</div></div></div>												
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country):</div></div>												
<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>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify:</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No:</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No:</div></div></div>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>Mr. Zoilo Bulawan</td><td>Baybay City, Leyte</td><td>9062623241</td></tr><tr><td>Mrs. Lolita C. Alba</td><td>Baybay City, Leyte</td><td>9491314143</td></tr><tr><td>Mr. Ebenezer Delarinman</td><td>Pavia, Iloilo</td><td>9176344240</td></tr></table>			NAME	ADDRESS	TEL. NO.	Mr. Zoilo Bulawan	Baybay City, Leyte	9062623241	Mrs. Lolita C. Alba	Baybay City, Leyte	9491314143	Mr. Ebenezer Delarinman	Pavia, Iloilo	9176344240
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Mr. Ebenezer Delarinman	Pavia, Iloilo	9176344240												
<div>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>		<div><div><div>PHOTO</div></div><div><div><div>Right Thumbmark</div></div></div></div>												
<div><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: DRIVER'S LICENSE</div><div>ID/License/Passport No.: H12-21-200434</div><div>Date/Place of Issuance: BAYBAY CITY, LEYTE</div></div>	<div><div><div></div><div>Signature (Sign inside the box)</div><div>04/23/2025</div><div>Date Accomplished</div></div></div>													
<div>SUBSCRIBED AND SWORN to before me this 8th May 2025, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div></div><div>ATTY. KAREN ABEGAIL S. MONTERON VSO Director, Legal Affairs and Services Person Administering Oath</div></div>														