

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	DIAO		
FIRST NAME	JOHN MARTIN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ALEA		
3. DATE OF BIRTH (mm/dd/yyyy)	14/12/1996	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	PALO, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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)	1.78 m		House/Block/Lot No. Street PUROK 1 STA. CRUZ Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
8. WEIGHT (kg)	56 kg	ZIP CODE	6521
9. BLOOD TYPE	A	18. PERMANENT ADDRESS	425 M.L. QUEZON House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	NONE	ZIP CODE	6521
11. PAG-IBIG ID NO.	121236700817		
12. PHILHEALTH NO.	12-025708124-4		
13. SSS NO.	NONE	19. TELEPHONE NO.	NONE
14. TIN NO.	719-949-415	20. MOBILE NO.	0917-129-8514
15. AGENCY EMPLOYEE NO.	NONE	21. E-MAIL ADDRESS (if any)	johnmartin.diao@vsu.edu.ph

II. FAMILY BACKGROUND

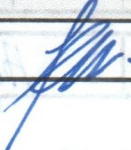
22. SPOUSE'S SURNAME	NONE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NONE	NAME EXTENSION (JR., SR)	NONE	NONE
MIDDLE NAME	NONE			
OCCUPATION	NONE			
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	NONE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	NONE			
FIRST NAME	NONE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	NONE			
25. MOTHER'S MAIDEN NAME	ELENA A. DIAO			
SURNAME	DIAO			
FIRST NAME	ELENA			
MIDDLE NAME	ALEA			

(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	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	BASIC EDUCATION	2004	2009	NA	2009	NA
SECONDARY	LICEO DEL VERBO DIVINO	BASIC EDUCATION	2009	2013	NA	2013	NA
VOCATIONAL / TRADE COURSE	NA	NA			NA	NA	NA
COLLEGE	UNIVERSITY OF SAN CARLOS	BACHELOR OF PHILOSOPHY	2014	2018	NA	2018	CUM LAUDE
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS	MASTER OF ARTS IN PHILOSOPHY	2018	present	36 UNITS	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 18, 2021
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[illegible]

V. WORK EXPERIENCE

[illegible]

SIGNATURE	<i>[Signature]</i>	DATE	August 18, 2024
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[illegible]

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

[illegible]

VIII. OTHER INFORMATION


31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
ENCODING	NONE	University of San Carlos - SOPHIA
RESEARCH (QUALITATIVE)		PHILOSOPHICAL ASSOCIATION OF THE VISAYAS AND MINDANAO
READING		Societas Ethica Philosophica
WRITING		

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	August 18, 2021

August 18, 2021

41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)		
NAME	ADDRESS	TEL. NO.
RYAN C. URABANO, PHD	CEBU CITY, CEBU	0908 880 2990/ (032) 2300 100
RUBY S. SUAZO, PHD	CEBU CITY, CEBU	(032) 2300 100 local 125
GUIRALDO C. FERNANDEZ, JR., PHD	BAYBAY CITY, LEYTE	

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.




JOHN MARTIN A. DIMO
PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **DRIVER'S LICENSE**

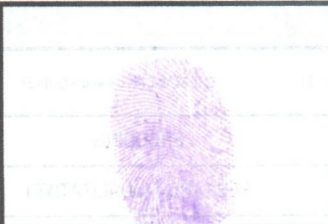
ID/License/Passport No.: **H1218001610**

Date/Place of Issuance: **BAYBAY CITY / MAY 07, 2018**



Signature (Sign inside the box)

August 18, 2021
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 31 AUG 2021, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN C. GUINOCOR
Person Administering Oath