

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.

I. PERSONAL INFORMATION

2. SURNAME	CASTIL		
FIRST NAME	JHONAVEL		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	ROMBLON		
3. DATE OF BIRTH (mm/dd/yyyy)	FEBRUARY 23, 1995	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: Philippines
4. PLACE OF BIRTH	ANAHAWAN, SOUTHERN LEYTE	If holder of dual citizenship, please indicate the details.	
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 checked="" type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	APARTMENT NO. 1 KILBOURNE ST House/Block/Lot No. Street VSU, LOWER CAMPUS PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.55 m	ZIP CODE	6521
8. WEIGHT (kg)	66 kg		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	House/Block/Lot No. Street LEWING Subdivision/Village Barangay ANAHAWAN SOUTHERN LEYTE City/Municipality Province
10. GSIS ID NO.	CRN-011-1486-3951-0	ZIP CODE	6610
11. PAG-IBIG ID NO.	121143904491		
12. PHILHEALTH NO.	03-025772050-7		
13. SSS NO.	03-45123574-8	19. TELEPHONE NO.	(053) 557-0773
14. TIN NO.	322-041-301-000	20. MOBILE NO.	0955-420-9673 / 0928-755-6851
15. AGENCY EMPLOYEE NO.	V01208	21. E-MAIL ADDRESS (if any)	rjhonavel@yahoo.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	EROS GAVIN CASTIL	FEB. 26, 2019
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CASTIL			
FIRST NAME	NILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MATAFLORIDA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ROMBLON			
FIRST NAME	REFELYN			
MIDDLE NAME	PALCO			

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	MAHALO ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2007	GRADUATED	2007	SALUTATORIA N
SECONDARY	SAINT ANTHONY'S HIGH SCHOOL	SECONDARY EDUCATION	2007	2011	GRADUATED	2011	SALUTATORIA N
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	METRO MANILA COLLEGE	BSBA-FINANCIAL MANAGEMENT	2011	2015	GRADUATED	2015	MAGNA CUM LAUDE
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	1/24/2023

[illegible]

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

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE	<i>[Signature]</i>	DATE	1/24/2023

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / 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		
	NONE				

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

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			
	Laws and Rules on Government Expenditures	09/13/2022	09/16/2022	24 hrs.	Technical	COMMISSION ON AUDIT REGION VIII
	In-House Training on Public Financial Management	08/03/2022	08/05/2022	24 hrs.	Technical	DEPARTMENT OF BUDGET & MANAGEMENT REGION VIII
	AGAP TECHNICAL SEMINAR	06/16/2022	06/16/2022	8 hrs.	Technical	ASSOCIATION OF GOVERNMENT ACCOUNTANTS OF THE PHILIPPINES
	2021 Membership Conference of Government Financial Management Innovators Circle	11/18/2021	11/19/2021	8 hrs.	Technical	VISAYAS STATE UNIVERSITY
	ISO 9001:2015 Awareness/Re-awareness Webinar	11/27/2020	11/27/2020	3 hrs.	Technical	VISAYAS STATE UNIVERSITY
	FMU General Assembly cum Teambuilding	12/2/216	12/3/2016	16 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
	Finance Management Unit 1st Semestral Program Implementation Review CY 2016	7/7/2016	7/9/2016	24 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
	Roll-Out Training on the Implementation Government Accounting Manual	5/13/2016	5/13/2016	8 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
	Orientation on the National Cultural Heritage Act of 2009	4/19/2016	4/19/2016	8 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
	Bottom-Up Budgeting Year-End Implementation Review	2/23/2016	2/24/2016	16 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION
	Training on Project Management for BUB Field Staff	12/1/2015	12/3/2015	24 hrs.	Technical	DEPARTMENT OF SOCIAL WELFARE & DEVELOPEMENT-NATIONAL CAPITAL REGION

(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)
	SPORTS (Volleyball, Badminton)		NONE		VISAYAS STATE UNIVERSITY CREDIT COOPERATIVE
	COOKING				ADMINISTRATIVE PERSONNEL ASSOCIATION
	DANCING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1/24/2023
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PHOTO

Signature (Sign inside the box)

11/24/2023

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 13 MAR 2023, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath