

PERSONAL DATA SHEET

WARNING: Any falsification 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	LATRAS		
FIRST NAME	JAI ME	NAME EXTENSION (JR., SR.) SR.	
MIDDLE NAME	VILLARIASA		
3. DATE OF BIRTH (mm/dd/yyyy)	10-07-1961	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	PATAG, BAYBAY CITY, 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 type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.7	House/Block/Lot No. Street	
8. WEIGHT (kg)	58	Subdivision/Village PATAG	
9. BLOOD TYPE	O	City/Municipality BAYBAY	
10. GSIS ID NO.	CRN# 006-0017-7219-V	Province LEYTE	
11. PAG-IBIG ID NO.	1700-0007-2533	ZIP CODE 6121	
12. PHILHEALTH NO.	1300-0015-3274	18. PERMANENT ADDRESS	
13. SSS NO.	N/A	House/Block/Lot No. Street	
14. TIN NO.	116-625-092	Subdivision/Village PATAG	
15. AGENCY EMPLOYEE NO.	X-00622	City/Municipality BAYBAY	
		Province LEYTE	
		ZIP CODE 6121	
		19. TELEPHONE NO. N/A	
		20. MOBILE NO. N/A	
		21. E-MAIL ADDRESS (if any) N/A	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LATRAS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LOURDES	NAME EXTENSION (JR., SR.) N/A	ANALOU G. LATRAS	07-15-1980
MIDDLE NAME	GUTIERREZ		RONIE G. LATRAS	11-24-1981
OCCUPATION	N/A		JAI ME G. LATRAS, JR.	06-05-1985
EMPLOYER/BUSINESS NAME	N/A		MELCHOR G. LATRAS	02-02-1988
BUSINESS ADDRESS	N/A		JOCEL G. LATRAS	04-29-1990
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LATRAS			
FIRST NAME	DIOSDADO	NAME EXTENSION (JR., SR.) N/A		
MIDDLE NAME	PABRIQUEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	VILLARIASA			
FIRST NAME	LEONILA			
MIDDLE NAME	DELOS SANTOS			

(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	GRABAS ELEMENTARY SCHOOL	GRADE 1-6	1968	1973	G-V	N/A	N/A
SECONDARY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/25/2017
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[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

DATE _____

04/24/2017

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(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)
RETRAINING SMALL AND LARGE RUMINANTS	N/A	N/A
DRUG ADMINISTRATION		
NOSE STRINGING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/24/2017
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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)?

35. a. Have you ever been found guilty of any administrative offense?

b. Have you been criminally charged before any court?

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

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?

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?

39. Have you acquired the status of an immigrant or permanent resident of another 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?

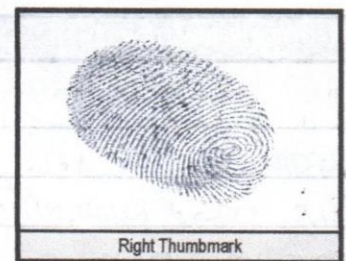
c. Are you a solo parent?

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
DR. DINAH M. ESPINA	DEPARTMENT OF ANIMAL SCIENCE	09173276767
DR. LOLITA C. DELTIL	DEPARTMENT OF ANIMAL SCIENCE	09173276767

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.



JAIME V. DEATRAS, SR.



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

Government Issued ID: CUNAV ID # 400386

ID/License/Passport No.: _____

Date/Place of Issuance: 2012 VERA VISCAY, BAYBAY, LUTE

Signature (Sign inside the box)

Date Accomplished: 04/24/2017

SUBSCRIBED AND SWORN to before me this APR 25 2017, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYAN G. GUINOCOR
NOTARY PUBLIC
Person Administering Oath