

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	TEVES		
FIRST NAME	JOVIEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	RODRIGUEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	11/19/1985	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	BATO, CATANDUANES	If holder of dual citizenship, please indicate the details.	Philippines ▼
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	SAMPAGUITA LADIES HOME House/Block/Lot No. Street VISAYAS STATE UNIVERSITY PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.48		
8. WEIGHT (kg)	48	ZIP CODE	6521
9. BLOOD TYPE	B-	18. PERMANENT ADDRESS	DOOR 11 TEJEDA APARTMENTS A BONIFACIO House/Block/Lot No. Street Subdivision/Village KABAYANAN SAN JUAN CITY METRO MANILA City/Municipality Province
10. GSIS ID NO.	006-0017-5989-1	ZIP CODE	1500
11. PAG-IBIG ID NO.	1700-0030-1116		
12. PHILHEALTH NO.	13-000073892-2		
13. SSS NO.	N/A	19. TELEPHONE NO.	(053) 563-7764
14. TIN NO.	943-260-973-000	20. MOBILE NO.	+63927-560-9183
15. AGENCY EMPLOYEE NO.	V00510	21. E-MAIL ADDRESS (if any)	joviel.teves@vsu.edu.ph

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	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	TEVES			
FIRST NAME	ORIEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TAPEL			
25. MOTHER'S MAIDEN NAME				
SURNAME	RODRIGUEZ			
FIRST NAME	DOMINGA			
MIDDLE NAME	TANTEO			

(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	SAN JUAN ELEMENTARY SCHOOL		1992	1998		1998	FIRST HONORS
SECONDARY	BATO RURAL DEVELOPMENT HIGH SCHOOL		1998	2002		2002	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	UNIVERSITY OF THE PHILIPPINES LOS BANOS	BS IN AGRIBUSINESS MANAGEMENT	2002	2006		2006	CUM LAUDE
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES DILIMAN	MASTER OF BUSINESS ADMINISTRATION	2011	2013		2013	

(Continue on separate sheet if necessary)

SIGNATURE	<i>Joviel R. Teves</i>	DATE	25 APRIL 2017
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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

PD 907 HONOR GRADUATE

(Continue on separate sheet if necessary)

(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)

SALARY

SALARY/ JOB/ PAY
GRADE (if
applicable)& STEP
(Format "00-0")/
INCREMENT

STATUS OF

GOV'T
SERVICE
(Y/ N)

From

To

01/01/2017

TO DATE

ASSISTANT PROFESSOR I

DEPARTMENT OF BUSINESS AND
MANAGEMENT

27565.00

PERMANENT

Y

06 / 01 /
2006

12/30/2016

INSTRUCTOR I

DEPARTMENT OF BUSINESS AND
MANAGEMENT

21387.00

TEMPORARY

Y

(Continue on separate sheet if necessary)

SIGNATURE

Jon R. Lew

DATE _____

25 APRIL 2017

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A <input type="checkbox"/> YES <input type="checkbox"/>	N/A	N/A	N/A	N/A
	If YES, give details:				
	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>				
	If YES, give details:				
	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>				
	If YES, give details:				
	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>				
	If YES, give details:				
	Date Filed:				

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

[illegible]

<p>I agree that any misrepresentation made in this document and its attachments shall cause the filing of this document to be null and void.</p>	<p>Philippines. I authorize the agency hereby authorized representative to verify/validate the contents stated herein.</p>	<p>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.</p>	<p>Signature</p>
<p>MA. GLORIA V. TALAVERA</p>	<p>CHIEF, A-1000, Office of Management and Planning</p>	<p>CHIEF, A-1000, Office of Management and Planning</p>	<p>Computer Generated on 05/04/2014 10:00:00 AM</p>
<p>JEANETTE ANGELINE MADAMBA</p>	<p>DEPARTMENT OF AGRICULTURE, MANUFACTURING AND ENTREPRENEURSHIP COLLEGE, AGUAS</p>	<p>DEPARTMENT OF AGRICULTURE, MANUFACTURING AND ENTREPRENEURSHIP COLLEGE, AGUAS</p>	<p>With full and handwritten name tag and signature over printed name</p>
<p>ANTONIO P. ABAMO</p>	<p>MANAGEMENT, KU BAYABAY LEYTE</p>	<p>DEPARTMENT OF BUSINESS AND MANAGEMENT, KU BAYABAY LEYTE</p>	<p>3.5 cm X 4.5 cm (passport size)</p>
<p>NAME</p>	<p>ADDRESS</p>	<p>TEL. NO.</p>	<p>ID picture taken within last 6 months</p>

VIII. OTHER INFORMATION

<p>31.</p> <p>SPECIAL SKILLS AND HOBBIES</p>	<p>32.</p> <p>NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)</p>	<p>33.</p> <p>MEMBERSHIP IN ASSOCIATION/Organization (Write in full)</p>
		<p>GAMMA SIGMA DELTA HONOR SOCIETY</p>
		<p>CAPITAL MARKET INSTITUTE OF THE PHILIPPINES</p>

Jul 2 Ten

25 APRIL 2017

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)?

☐ YES ☒ NO

☐ YES ☐ NO

If YES, give details:

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

☐ YES ☒ NO

If YES, give details:

b. Have you been criminally charged before any court?

☐ 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:

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

☐ YES ☒ NO

If YES, give details:

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:

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?

☐ YES ☒ NO

If YES, please specify: _____

b. Are you a person with disability?

☐ YES ☒ NO

If YES, please specify ID No: _____

c. Are you a solo parent?

☐ YES ☒ NO

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
ANTONIO P. ABAMO	DEPARTMENT OF BUSINESS AND MANAGEMENT, VSU, BAYBAY, LEYTE	563-7764
JEANETTE ANGELINE MADAMBA	DEPARTMENT OF AGRIBUSINESS MANAGEMENT AND ENTREPRENEURSHIP, UPLB, COLLEGE, LAGUNA	
MA. GLORIA V. TALAVERA	Cesar E.A. Virata School of Business, UP Diliman	



JOVIEL R. TEVES

PHOTO

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 and Date of Issuance

Government Issued ID: **PASSPORT**

ID/License/Passport No.: **EC3133092**

Date/Place of Issuance: **DFA NCR NORTHEAST**

Signature (Sign inside the box)

25 APRIL 2017

Date Accomplished



SUBSCRIBED AND SWORN to before me this **APR 26 2017**, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYAN C. GUINOCOR

Person Administering Oath

IBP 1030924 - TAGLORAN CITY - 4/12/17