

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	MONTAÑEZ		
FIRST NAME	JOVIEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	TEVES		
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.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Door 11 14 A. Bonifacio Street House/Block/Lot No. Street Tejada Apartments Kabayanan Subdivision/Village Barangay San Juan City Metro Manila City/Municipality Province
7. HEIGHT (m)	1.5	ZIP CODE	1500
8. WEIGHT (kg)	58	18. PERMANENT ADDRESS	Door 11 14 A. Bonifacio Street House/Block/Lot No. Street Tejada Apartments Kabayanan Subdivision/Village Barangay San Juan City Metro Manila City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	1500
10. GSIS ID NO.	2001711970	19. TELEPHONE NO.	02 82349511
11. PAG-IBIG ID NO.	1700-0030-1116	20. MOBILE NO.	09175609183
12. PHILHEALTH NO.	13-000073892-2	21. E-MAIL ADDRESS (if any)	joviel.teves@vsu.edu.ph
13. SSS NO.			
14. TIN NO.	943-260-973		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MONTAÑEZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LEZANRO	NAME EXTENSION (JR., SR)	LANCE JANSEN TEVES MONTAÑEZ	11/05/2022
MIDDLE NAME	ESPINOSA			
OCCUPATION	FINANCIAL ADVISOR			
EMPLOYER/BUSINESS NAME	SELF-EMPLOYED			
BUSINESS ADDRESS				
TELEPHONE NO.	9273089191			
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	ELEMENTARY GRADUATE	06/01/1992	3/29/1998		1998	FIRST HONOR
SECONDARY	BATO RURAL DEVELOPMENT HIGH SCHOOL	HIGH SCHOOL GRADUATE	06/01/1998	3/27/2002		2002	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF THE PHILIPPINES LOS BANOS	BS AGRIBUSINESS MANAGEMENT	06/01/2002	4/29/2006		2006	CUM LAUDE
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES DILIMAN	MASTER OF BUSINESS ADMINISTRATION	06/01/2011	4/28/2013		2013	

(Continue on separate sheet if necessary)

SIGNATURE	Joviel R. Teves	DATE	11/2/2022
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>Jonel R. Torres</i>	DATE	<i>11/2/2022</i>
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	NA	NA	NA	NA	NA
	NA	NA	NA	NA	NA
	NA	NA	NA	NA	NA

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)
NA	NA	NA

SIGNATURE	Joni R. Tunn	DATE	11/2/2022
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11/2/2022

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?

b. Have you been criminally charged before any court?

☐ YES☒ NO

☐ 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)?

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

☐ YES☒ NO

If YES, give details:

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?
b. Are you a person with disability?
c. Are you a solo parent?

☐ YES☒ NO

☐ YES☒ NO

☐ YES☒ NO

If YES, please specify:

If YES, please specify ID 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	VSU, VISCA, BAYBAY, LEYTE	565 0600
JEANETTE MADAMBA	CEM, DAME, UPLB	09495364750
DINAH PURA DEPOSITARION	CEM, DAME, UPLB	0949 5364750

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.

PHOTO

Right Thumbmark

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.:	P1246027C
Date/Place of Issuance:	DFA MANILA

Joni R. Linares

Signature (Sign inside the box)

NOVEMBER 2, 2022

Date Accomplished

SUBSCRIBED AND SWORN to before me this

NOV 2 1 2022

ATTY. EDEN B. CHAVEZ-BUTAWAN

Notary Public for the Province of Leyte, City of Baybay

affiant exhibiting his/her validly issued government ID as indicated above.

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Series of 2022

N.C. No. B-22-06-06, July 5, 2022

Until December 31, 2023

R. Magsaysay Avenue, Baybay City, Leyte

PTR No. PL6580803-01/03/22

IBP No. 183267-01/03/22

Person Administering Oath

TIN No. 29726-029

Roll No. 42391

MCLE Compliance No. VII-0008593

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