

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	VECINA		
FIRST NAME	JONELL	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	BASTE		
3. DATE OF BIRTH (mm/dd/yyyy)	NOV. 03, 1990	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	BAYBAY	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	House/Block/Lot No. Street TUGAS HILAPNITAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	5'5	ZIP CODE	6521
8. WEIGHT (kg)	72		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. Street TUGAS HILAPNITAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	1212-0352-5440		
12. PHILHEALTH NO.	13-025279996-7		
13. SSS NO.	0633777108	19. TELEPHONE NO.	NONE
14. TIN NO.	445-459-672	20. MOBILE NO.	09556243305
15. AGENCY EMPLOYEE NO.	V02013	21. E-MAIL ADDRESS (if any)	NONE

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		NAME EXTENSION (JR., SR)		
MIDDLE NAME			NONE	
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	VECINA			
FIRST NAME	IGNACIO	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	RESMA			
25. MOTHER'S MAIDEN NAME				
SURNAME	VECINA			
FIRST NAME	CLOTILDE			
MIDDLE NAME	BASTE			

(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	HILAPNITAN ELEMENTARY SCHOOL	PRIMARY	1998	2004	GRADUATED	2004	NONE
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	SECONDARY	2004	2010	GRADUATED	2010	NONE
VOCATIONAL / TRADE COURSE	VISAYAS STATE UNIVERSITY	SHIELDED METAL ARC WELDING (SMAW)	May 23, 2013	Oct. 20, 2013	GRADUATED	2013	NONE
	TESDA CNVS, CALUBIAN, LEYTE	DRIVING NC-II	April 18, 2018	April 18, 2018	COMPLETED	2018	NONE
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01-11-2024
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[illegible]

(Continue on separate sheet if necessary)

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

[illegible][illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01-11-2024
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SIGNATURE		DATE	01-11-2024
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SIGNATURE		DATE	01-11-2024
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(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)

[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)
OPERATOR	N/A	N/A
DRIVING		
BASKETBALL		
WELDING		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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)?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: <div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div></div>	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: <div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div></div> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div>	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: <div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div></div>	
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?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: <div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div></div>	
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?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details: _____</div> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, give details: _____</div></div>	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, give details (country): <div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div></div>	
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?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div> <div>If YES, please specify: _____</div> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, please specify ID No: _____</div></div> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> YES</div><div><input checked="" type="checkbox"/> NO</div></div><div>If YES, please specify ID No: _____</div></div>	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
MERLIE S. TABUDLONG	BRGY. HILAPNITAN	9560834271
LETECIA A. LAO	BRGY. HILAPNITAN	9068900977
IRISH G. BELMONTE	ORMOC, CITY	9275839513
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: DRIVER'S LICENSE ID/License/Passport No.: H-12-11-000822 Date/Place of Issuance: 10-30-2019	<div style="font-size: 1.5em; margin-bottom: 10px;">[Signature]</div> <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;">Signature (Sign inside the box) 01-11-2024 Date Accomplished</div>	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 100px; height: 100px;"></div> <div style="margin-top: 10px;">Jonell B. Vecina</div>
SUBSCRIBED AND SWORN to before me this _____ day of _____, 2024. I, _____, Notary Public for the Province of Leyte, do hereby certify that the above-named _____ is/are validly issued government ID as indicated above. NOTARIAL COMMISSION NO. B-28-12-07 UNTIL DECEMBER 31, 2025 PTR NO. BC0240252 - JAN. 3, 2024 IBC O.R. NO. 355183 - JAN. 3, 2024 MCLE COMPLIANCE NO. MCL-0005593 - VALID UNTIL APRIL 14, 2028 ATTORNEY'S ROLL NO. 42371 TIN NO. 287628029 R. MAGSAYSAY AVE., BAYBAY CITY, LEYTE Person Administering Oath		

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: January 1, 2016 - Present
- Position: Heavy Equipment Operator
- Name of Office/Unit: Motor Pool Services Unit
- Immediate Supervisor: Marlon G. Burlas
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte

- Summary of Actual Duties

- . Operates heavy equipment units such as Payloader, Backhoe and Tractor.
- . Drive Light and Medium Vehicles
- . Conduct maintenance on respective heavy equipment unit.
- . Assist mechanic for the repair and maintenance of all university logistics unit.
- . Conduct good house keeping in the motor pool area.


JONELL B. VECINA

(Signature over Printed Name
of Employee/Applicant)

Date: 01-11-2024