

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.** 1. CS ID No. _____ (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	Maaghop		
FIRST NAME	Jhone Ronelle	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Guiriba		
3. DATE OF BIRTH (mm/dd/yyyy)	05/21/1995	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:
4. PLACE OF BIRTH	Baybay City, Leyte	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX AT BIRTH	<input checked="" type="checkbox"/> Male <input 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	Apartment 87 Kilbourne St House/Block/Lot No. Street Visayas State University Pangasungan Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.00	ZIP CODE	6521
8. WEIGHT (kg)	1.00	18. PERMANENT ADDRESS	House/Block/Lot No. Street Sitio Tab-ang Kilim Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	6521
10. UMID ID NO.		19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	N/A	20. MOBILE NO.	926-526-5714
12. PHILHEALTH NO.	N/A	21. E-MAIL ADDRESS (if any)	jrmaaghop@vsu.edu.ph
13. PhilSys NO. (PSN)			
14. TIN NO.	N/A		
15. AGENCY EMPLOYEE NO.	VJO00505		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Oraño		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Jonah Flor	NAME EXTENSION (JR., SR)	Zoe Bella O. Maaghop	08/09/2023
MIDDLE NAME	Maaghop			
OCCUPATION	Instructor			
EMPLOYER/BUSINESS NAME	VSU			
BUSINESS ADDRESS	Visayas State University, Baybay City			
TELEPHONE NO.				
24. FATHER'S SURNAME	Maaghop			
FIRST NAME	Pastor	NAME EXTENSION (JR., SR) Jr.		
MIDDLE NAME	Pareja			
25. MOTHER'S MAIDEN NAME	Ronelyn C. Guiriba			
SURNAME	Maaghop			
FIRST NAME	Ronelyn			
MIDDLE NAME	Guiriba		<i>(Continue on separate sheet if necessary)</i>	

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	Gabas Central Elementary School	Elementary	2004	2007		2007	N/A
SECONDARY	Baybay National High School	High School	2007	2011		2011	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Bachelor of Science in Computer Science	2011	2015		2015	N/A
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/30/2025
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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? YES NO

b. within the fourth degree (for Local Government Unit - Career Employees)? 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

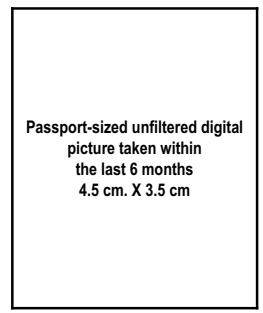
If YES, please specify ID No _____

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	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL



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.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>
Government Issued ID: N/A
ID/License/Passport No.: N/A
Date/Place of Issuance: N/A

Signature (Sign inside the box)
10/30/2025
Date Accomplished

Right Thumbmark

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

Person Administering Oath