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 NO ABBREVIATE. (Do not fill up. For CSC use only) 1. CS ID No. I. PERSONAL INFORMATION 2. SURNAME Gumabay NAME EXTENSION(JR., SR.) FIRST NAME Joemel MIDDLE NAME **Borbon** 3. DATE OF BIRTH ☐ Dual Citizenship ☑ Filipino 01/04/2000 16. CITIZENSHIP ☐ by birth ☐ by naturalization (mm/dd/yyyy) 4. PLACE OF BIRTH Caloocan City Pls. indicate country: If holder of dual citizenship, ✓ Male ☐ Female please indicate the details. 5. SEX 11 BLOCK 32 <u>TINIK</u> 6. CIVIL STATUS 17. RESIDENTIAL ADDRESS ☑ Single ☐ Married House/Block/Lot No. House/Block/Lot No. ☐ Widowed □ Separated N/A Barangay 12 Other/s: Barangay Subdivision/Village **CALOOCAN CITY** NCR, THIRD DISTRICT 1.8 7. HEIGHT (m) City/Municipality **Province** 58 1400 8. WEIGHT (kg) ZIP CODE 11 BLOCK 32 <u>TIINIK</u> 9. BLOOD TYPE N/A 18. PERMANENT ADDRESS House/Block/Lot No. House/Block/Lot No. N/A Barangay 12 10. GSIS ID N/A Subdivision/Village. Barangay **CALOOCAN CITY** NCR, THIRD DISTRICT 11. PAG-IBIG ID NO. N/A City/Municipality **Province** ZIP CODE 12. PHILHEALTH NO. 1400 N/A 13. SSS NO. N/A 19. TELEPHONE NO. N/A 14. TIN NO. N/A 20. MOBILE NO. 09562153201 15. AGENCY EMPLOYEE NO. N/A 21. EMAIL ADDRESS(if any) JOEMELGUMABAY@GMAIL.COM II. FAMILY BACKGROUND DATE OF BIRTH 23. NAME of CHILDREN (Write full name and list all) 22. SPOUSE'S SURNAME N/A (mm/dd/yyyy) NAME EXTENSION(JR.,SR) FIRST NAME N/A N/A N/A MIDDLE NAME N/A **OCCUPATION** N/A **EMPLOYER/BUSINESS NAME** N/A **BUSINESS ADDRESS** N/A TELEPHONE NO. N/A 24. FATHER'S SURNAME **GUMABAY** FIRST NAME NAME EXTENSION(JR.,SR) **JOSE** MIDDLE NAME **GACUAN** 25. MOTHER'S MAIDEN NAME **SURNAME BORBON** FIRST NAME TERESITA MIDDLE NAME **AFRICANO** (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND CHOLARSHIP/ PERIOD OF ATTENDANCE HIGHEST LEVEL/ 26. NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR **ACADEMIC** UNITS EARNED **HONORS** (Write in full) (Write in full) **GRADUATED** LEVEL From (if not graduated) RECEIVED **ELEMENTARY** CALOOCAN ELEMENTARY SCHOOL CENTRAL 2012 **ELEMENTARY EDUCATION** 2006 2012 **SECONDARY** CALOOCAN HIGH SCHOOL SECONDARY EDUCATION 2012 2016 2016 VOCATIONAL/ ICT MOBILE APPLICATION AND WEB 2018 2018 STI COLLEGE CALOOCAN 2016 TRADE COURSE **DEVELOPMENT BACHELOR OF SCIENCE IN INFORMATION** COLLEGE UNIVERSITY OF CALOOCAN CITY 2018 2022 2022 **TECHNOLOGY** BACHELOR OF SCIENCE IN INFORMATION **GRADUATE STUDIES** UNIVERSITY OF CALOOCAN CITY 2018 2022 2022 TECHNOLOGY (Continue on separate sheet if necessary) **SIGNATURE** DATE 06/29/2023 CS FORM 212 (Revised 2017)Page 1 of 4

IV. CIVIL SE	RVICE ELIGI	BILITY	1							
27. CAREER	SERVICE/ RA 108 BARANGAY EI	0 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE LIGIBILITY/DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION/ CONFERMENT	PLACE OF EX	PLACE OF EXAMINATION / CONFERMENT			LICENSE(if applic	
N/A			N/A	N/A		N/A				Validity N/A
			(Continue on se	eparate sheet if necessa	ry)					
V. WORK E.	XPERIENCE employment. Start f	from your current work) Description of duties should b	oe indicated in the attache	ed Work Experience she	eet.					
28. INCLUS	IVE DATES	POSITION TITLE	DEPARTME	ENT/AGENCY/OFFICE/	COMPANY	MONTHLY	SALARY/JOB PAY GRADE(If	STATUS OF	GO	OV'T VICE
From	То	(Write in full/Do not abbreviate)	(Wri	ite in full/Do not abbrevi	ate)	SALARY	GRADE(If Applicable)& STEP(Format"00- 0")/INCREMENT	APPOINTMENT	(Y)	/N)
10/03/20221	PRESENT	Records Management and ICT Support Staff		EMB MIMAROPA				Contractual	,	Y
			(Continue on se	parate sheet if necessa	ry)					
SIGNA	ATURE					DA	ATE	06/29	/2023	
							CS F	ORM 212 (Revised	2017)Pa	ge 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMEN	IT IN CIVIC / NON-GOVER	NMENT / PEOPL	E / VOLUNTARY	ORGANIZATION	I/S		
29. NAME & ADDRESS OF O	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK			
		From To					
N/A		N/A	N/A	N/A		N/A	
		(Continue on separate	sheet if necessary)				
VII. LEARNING AND DEVELOPMENT (L& (Start from the most recent L&D training program and inclu-	D) INTERVENTIONS/TRAIN de only the relevant L&D training take	NING PROGRAM en for the last five(5) ye	S ATTENDED ars for the Division Chi	ef/Executive/Manageria	l positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVE	-NTIONS/TRAINING PROGRAMS	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF	TYPE OF LD (Managerial/	CONDUCTED/SPONSORED BY	
(Write in full)		From	To	HOURS	Supervisory/ Technical/etc.)	(Write in full)	
N/A		N/A	N/A	N/A	N/A	N/A	
		(Continue on separate	sheet if necessary)				
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC	C DISTINCTIONS / REG (Write in full)	COGNITION	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)			
N/A	(vviite iii iuli)			N/A			
				1			
				+			
		(Continue on separate	e sheet if necessarv)				
CICNATURE		, Sparae	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ι,	MTE	06/20/2022	
SIGNATURE					DATE	06/29/2023	
						CS FORM 212 (Revised 2017)Page 3 o	

34.	Are you related by consanguinity or affinity to the appointing or reimmediate supervision over you in the Office, Bureau or Departn						
	a. within the third degree?	□YES	☑ NO				
	b. within the fourth degree (for Local Government Unit-Career En	□YES	☑ NO				
		If YES, give details:					
35	a. Have you ever been found guilty of any administrative offense	YES	✓NO				
	and the feature of th	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 la	YES	✓NO				
50.	have you ever been convicted or any chine or violation or any la	If YES, give details:	₩ NO				
37.	Have you ever been separated from the service in any of the foll			□YES	☑NO		
•	termination, end of term, finished contract or phased out (abolition	on) in the p	ublic or private sector?	If YES, give details:			
				TES, give details.			
38.	a. Have you ever been a candidate in a national or local election	held withi	n the last year (except Barangay election)?	□YES	☑NO		
				If YES, give details:			
	b. Have you resigned from the government service during the the national or local candidate?	ree (3)-mo	nth period before the last election to promote/actively campaign for a	□YES	☑ NO		
	national of local cariolidate?			If YES, give details:			
39.	Have you acquired the status of an immigrant or permanent resi	dent of an	other country?	☐YES	☑ NO		
	, ,	,	If YES, give details(country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna C (RA 8972), please answer the following items:	Carta for D	isabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000				
	a. Are you a member of any indigenous group?			□YES	☑ NO		
				If YES, please specify:			
	b. Are you differently abled?			□YES	☑ NO		
				If YES, please specify ID No:			
	c. Are you a solo parent?			☐ YES If YES, please specify ID No:	☑ NO		
41.	REFERENCES (Person not related by consanguinity or affinity to a	pplicant / a	appointee)	ii 120, ploase spesify ib No.			
	NAME		ADDRESS	TEL. NO.	Г		
	Mark John Andres		Caloocan City	09356338518	1		
	Froilan Segovia		Caloocan City	09122334225	-		
Rian Gem Fajardo			Caloocan City	09298956935	1	A CONTRACTOR	
	·						
			sonal Data Sheet which is a true, correct and complete stateme ne Philippines. I authorize the agency head/authorized represer				
COI	ntents stated herein.			·		JOHNEY BY WHARAY	
Ιa	gree that any misrepresentation made in this document an	d its atta	chments shall cause the filing of administrative/criminal case/s	against me.		РНОТО	
Г					1		
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's Lice etc.) PLEASE INDICATE ID Number and Date of Issuance	ense,					
					-11		
Government Issued ID: National ID			Signature (Sign inside the box)				
ID/License/Passport No.: 4286-0596-1752-9043			06/29/2023				
Date/Place of Issuance: August 30,2022			Date Accomplished			Right Thumbmark	
	SUBSCRIBED AND SWORN to before me this		, affiant exhibiting his/her validly issued government ID as indicated at	oove.			
			Person Administering Oath				
Ī							
						CS FORM 212 (Revised 2005), Page	4 of