

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	GONZALES		
FIRST NAME	RICHIE MARK		NAME EXTENSION (JR., SR)
MIDDLE NAME	PATOLILIC		
3. DATE OF BIRTH (mm/dd/yyyy)	09/12/1997	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY, LEYTE	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	N/A N/A House/Block/Lot No. Street N/A HIGULOAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.62	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A HIGULOAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	52	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	O	20. MOBILE NO.	09983502216
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	gonzalesr1s233@gmail.com
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-250361207-4		
13. SSS NO.	N/A		
14. TIN NO.	619-615-927-0000		
15. AGENCY EMPLOYEE NO.	N/A		

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	N/A	NAME EXTENSION (JR., SR)	FAYOLA MYRRH ORAÑO GONZALES	29/11/2023
MIDDLE NAME	N/A			
OCCUPATION	LABORATORY AIDE			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	PANGASUGAN, BAYBAY CITY, LEYTE			
TELEPHONE NO.	(053) 565 0600			
24. FATHER'S SURNAME	GONZALES			
FIRST NAME	FLORENCIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PEÑA			
25. MOTHER'S MAIDEN NAME				
SURNAME	PATOLILIC			
FIRST NAME	MARIA MYRNA			
MIDDLE NAME	TOREJANO			

(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	HIGULOAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	04/06/2004	05/04/2010	N/A	2010	VALEDICTORIAN
SECONDARY	MAKINHAS NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	12/08/2010	14/04/2014	N/A	2014	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN BIOTECHNOLOGY	06/06/2014	12/08/2022	N/A	2022	NA
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/10/2025
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IV. CIVIL SERVICE ELIGIBILITY					
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
	CSE PROFESSIONAL PASSER	85.6	26/03/2023	TACLOBAN CITY	
	DRIVER'S LICENSE		03/10/2025	BAYBAY CITY	H12-25-000829 12/09/2029

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	06/10/2025
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July

06/10/2025

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION'S

[illegible]

(Continue on separate sheet if necessary)

[illegible][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)
	ENCODING		N/A		N/A
	RESEARCH				
	LABORATORY				
	WRITTEN COMMUNICATION				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/10/2025
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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	ADDRESS	TEL. NO.
LOURD FRANZ GABUNADA	BAYBAY CITY, LEYTE	
DONNA CHRISTENE RAMOS	BAYBAY CITY, LEYTE	
MARCIANA GALAMBABO	BAYBAY CITY, LEYTE	

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.



RICHE MARK P. GONZALES

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PHILHEALTH

ID/License/Passport No.: 13-250361207-4

Date/Place of Issuance: BAYBAY CITY, LEYTE. 12/2022

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this

JUN 10 2023

ATTY. EDEN R. CHAVEZ-BUTAVAN
Notary Public for the Province of Leyte, City of Baybay

Notarial Commission No. B-23-12-07

Until December 31, 2025

MCLE Compliance No: VIII-0011446-Valid until April 14, 2028

PTR No. Bc0326357, 01/02/25

IBP O.R. No. 492541 01/02/25

Person Administering Oath

Attorney's Roll No. 42391

Doc. No. 292
Page No. 25
Book No. 25
Series of 25

R. Magsaysay Avenue, Baybay City, Leyte

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: November 21, 2022 – present
- Position: Laboratory Aide
- Name of Office/Unit: Department of Biotechnology
- Immediate Supervisor: Donna Christene Q. Ramos
- Name of Agency/Organization and Location: Department of Biotechnology – Visayas State University, Baybay City, Leyte

- Summary of Actual Duties

- The responsibilities include preparing and maintaining laboratory equipment, conducting basic tests and procedures under supervision, managing laboratory records and inventory, cleaning and ensuring equipment functionality, and performing other tasks assigned by the Department Head and office staff.

Attachment to CS Form No. 212

- Delivers documents, written and verbal messages, and other items to other Departments and Offices.


RICHE MARK P. GONZALES
(Signature over Printed Name
of Employee/Applicant)

Date: 06/10/2025