

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	CAVITE		
FIRST NAME	HARRY JAY	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MOLATO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/6/92	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	HINDANG, 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	9/71 KASEM SAN 3 <i>House/Block/Lot No.</i> <i>Street</i> N/A WANG MAI <i>Subdivision/Village</i> <i>Barangay</i> PATHUMWAN BANGKOK <i>City/Municipality</i> <i>Province</i>
7. HEIGHT (m)	1.56	ZIP CODE	3133
8. WEIGHT (kg)	55		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	350 N/A <i>House/Block/Lot No.</i> <i>Street</i> N/A BONTOC <i>Subdivision/Village</i> <i>Barangay</i> HINDANG LEYTE <i>City/Municipality</i> <i>Province</i>
10. GSIS ID NO.		ZIP CODE	6523
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.			
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	466-284-765	20. MOBILE NO.	0975 6389263
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	harryjaycavite@gmail.com

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)	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	CAVITE			
FIRST NAME	JOSELIN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ASIS			
25. MOTHER'S MAIDEN NAME				
SURNAME	MOLATO			
FIRST NAME	IMELDA			
MIDDLE NAME	ABAYHON		<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	BONTOC ELEMENTARY SCHOOL	N/A	6/1/99	3/31/05	N/A	2005	1ST HONORABLE MENTION

SECONDARY	BONTOC NATIONAL HIGH SCHOOL	N/A	6/1/05	3/31/09	N/A	2009	CLASS SALUTATORIAN
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	6/1/09	4/8/13	N/A	2013	CUM LAUDE
MASTERAL	CENTRAL LUZON STATE UNIVERSITY	MASTER OF SCIENCE IN CROP SCIENCE MAJOR IN AGRONOMY	1/15/16	30/6/2018	N/A	N/A	DOST SCHOLARSHIP
DOCTORAL	KING MONGKUT'S INSTITUTE OF TECHNOLOGY LADKRABANG	PHD IN AGRICULTURE	8/2/19	5/30/22	N/A	N/A	KMITL DOCTORAL SCHOLARSHIP
<i>(Continue on separate sheet if necessary)</i>							
SIGNATURE			DATE		August 6, 2024		

(Continue on separate sheet if necessary)

SIGNATURE		DATE		AUGUST 4, 2024
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	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&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)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ENHANCEMENT OF GROWTH AND YIELD OF AEROBIC RICE (<i>Oryza sativa</i> L.) BY PLANT GROWTH-PROMOTING RHIZOBACTERIA	2/14/18	2/14/18	4.0	TECHNICAL	PHILIPPINE RICE RESEARCH INSTITUTE CENTRAL EXPERIMENT STATION
	THE SIXTH INTERNATIONAL CONFERENCE ON INTEGRATION OF SCIENCE AND TECHNOLOGY FOR SUSTAINABLE DEVELOPMENT	11/24/17	11/26/17	16.0	TECHNICAL	ASSOCIATION OF AGRICULTURAL TECHNOLOGY IN SOUTH EAST ASIA (AATSE)
	EDUCATION, ENVIRONMENT, ENTREPRENEURSHIP, SCIENCE, TECHNOLOGY, ARTS INTERNATIONAL ACADEMIC R & D FESTIVAL	8/30/17	9/1/17	16.0	TECHNICAL	CENTRAL LUZON STATE UNIVERSITY (CLSU)
	HANDS-N WORKSHOP FOR BIOLOG GEN III MICROBIAL IDENTIFICATION SYSTEM	6/20/17	6/20/17	8.0	TECHNICAL	DIAMED ENTERPRISE IN PARTNESHIP WITH FOCUS BIOTECH
	1ST BIOTECHNOLOGY SYMPOSIUM	8/24/17	8/25/17	16.0	TECHNICAL	PHILIPPINE SOCIETY OF BIOCHEMISTRY AND MOLECULAR BIOLOGY (PSBMB), INC.
	20TH PSSST ANNUAL MEETING AND SCIENTIFIC CONFERENCE	5/10/17	5/12/17	16.0	TECHNICAL	PHILIPPINE SOCIETY OF SOIL SCIENCE AND TECHNOLOGY (PSSST), INC
	NATIONAL SCIENCE CLUBS SUMMIT AT ISABELA NATIONAL HIGH SCHOOL, ILAGAN CITY, ISABELA	9/3/16	9/3/16	8.0	TECHNICAL	PHILIPPINE SOCIETY OF YOUTH SCIENCE CLUBS (PSYC), INC.
	R WORLD: FIRST CONTACT	4/22/16	4/22/16	8.0	TECHNICAL	DEPARTMENT OF STATISTICS, CENTRAL LUZON STATE UNIVERSITY
	BUILDING MILLENIUM LEADERS FOR SOCIAL GOOD	10/29/15	10/29/15	8.0	FOUNDATION	VISAYAS STATE UNIVERSITY - ISABEL CAMPUS, ISABEL, LEYTE
	VALUE CHAIN ANALYSIS OF SELECTED AGRICULTURAL COMMODITIES: A POST-YOLANDA INTERVENTION FOR LIVELIHOOD RECONSTRUCTION AND GROWTH 2	10/23/15	10/28/15	16.0	TECHNICAL	Pambansang Kilusan ng mga Samahang Magsasaka (PAKISAMA), Inc.
	VALUE CHAIN ANALYSIS: A MARKET-DRIVEN APPROACH PHASE 2	10/13/15	10/15/15	16.0	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE REGIONAL OFFICE 8
	VALUE CHAIN ANALYSIS OF SELECTED AGRICULTURAL COMMODITIES: A POST-YOLANDA INTERVENTION FOR LIVELIHOOD RECONSTRUCTION AND GROWTH 1	10/8/15	10/10/15	16.0	TECHNICAL	Pambansang Kilusan ng mga Samahang Magsasaka (PAKISAMA), Inc.
	TRANSFORMING FARMSCAPE THROUGH DIVERSIFIED AND INTEGRATED FARMING	9/28/15	10/2/15	32.0	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE REGIONAL OFFICE 8
	VALUE CHAIN ANALYSIS: A MARKET-DRIVEN APPROACH	9/1/15	9/3/15	16.0	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE REGIONAL OFFICE 8
	INNOVATION AND ENTREPRENEURSHIP FORUM	3/6/15	3/6/15	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY - MAIN CAMPUS BAYBAY CITY, LEYTE
	ENTERPRISE RESOURCE PLANNING WORKSHOP	3/4/15	3/4/15	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY - MAIN CAMPUS BAYBAY CITY, LEYTE
	Social Enterprise Program Training on Organic-based Farm Practices, Social Enterprise Development and Farmer Clustering	3/21/15	3/22/2015	16.0	TECHNICAL	LIFEBANK FOUNDATION, INC.
	TRAINING ON GOOD PRACTICES ON GOAT PRODUCTION	2/17/15	2/19/15	16.0	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE REGIONAL OFFICE 8
	TRAINING COURSE ON COCONUT BY-PRODUCTS PROCESSING, PACKAGING AND MARKETING	9/29/14	10/1/14	16.0	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE REGIONAL OFFICE 8
	ORIENTATION PROGRAM OF NEWLY-HIRED FACULTY MEMBERS	7/25/14	7/25/14	8.0	FOUNDATION	VISAYAS STATE UNIVERSITY - MAIN CAMPUS BAYBAY CITY, LEYTE
	SPECIALIZED TRAINING COURSE ON RICE-BASED FARMING SYSTEM FOR LOCAL FARMER TECHNICIANS PHASE 2	6/3/14	6/3/14	8.0	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE REGIONAL OFFICE 8
	ENTERPRISE HATCHERY 2014 BOOT CAMP: EASTERN AND CENTRAL VISAYAS	3/21/14	3/21/14	8.0	TECHNICAL	SANTEH AQUACULTURE SCIENCE AND TECHNOLOGY FOUNDATION, INC
	WORKSHOP ON INSTRUTIONAL MATERIALS DEVELOPMENT FOR THE VISAYAS STATE UNIVERSITY	1/28/14	1/29/14	16.0	TECHNICAL	VISAYAS STATE UNIVERSITY - MAIN CAMPUS BAYBAY CITY, LEYTE

(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)
N/A	N/A	PHILIPPINE SOCIETY OF SOIL SCIENCE AND TECHNOLOGY (PSSST), INC
<i>(Continue on separate sheet if necessary)</i>		
SIGNATURE		DATE August 6, 2024

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>RESIGNATION AND FINISHED CONTRACT</u>
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
ARIEL G. MACTAL	SCIENCE CITY OF MUNOZ, NUEVA ECIJA	0922-867-6302
FLORIDA C. GARCIA	SCIENCE CITY OF MUNOZ, NUEVA ECIJA	0996-885-5143
JAYVEE A. CRUZ	SCIENCE CITY OF MUNOZ, NUEVA ECIJA	0942-499-6057
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.		

ID picture taken within the last 6 months
3.5 cm. X 4.5 cm (passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	PRC ID
ID/License/Passport No.:	0017706
Date/Place of Issuance:	PRC BAGUIO

Signature (Sign inside the box)
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