

# 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	RACAZA		NAME EXTENSION (JR., SR)	
FIRST NAME	NIEL JUN			
MIDDLE NAME	LEYSON			
3. DATE OF BIRTH (mm/dd/yyyy)	12/09/1990	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 CITY, 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	House/Block/Lot No. Street Santo Rosario Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province	
7. HEIGHT (m)	1.72	ZIP CODE	6521	
8. WEIGHT (kg)	57			
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	House/Block/Lot No. Street Santo Rosario Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province	
10. GSIS ID NO.	N/A	ZIP CODE	6521	
11. PAG-IBIG ID NO.	121189289393			
12. PHILHEALTH NO.	13-201736508-1			
13. SSS NO.	06-3914441-8	19. TELEPHONE NO.	N/A	
14. TIN NO.	743-687-143	20. MOBILE NO.	09973676874 / 09678955353	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	doodzkyr@gmail.com/raczanieljun12@gmail.com	

## II. FAMILY BACKGROUND

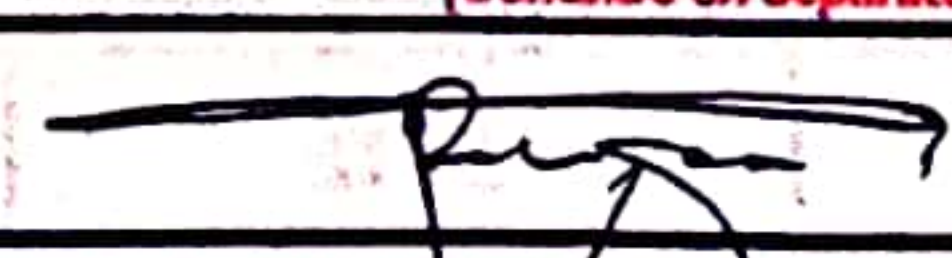
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)		DE ANDREY KOBIL RACAZA	30/03/2020
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	RACAZA			
FIRST NAME	DANILO			
MIDDLE NAME	ANDRADE			
25. MOTHER'S MAIDEN NAME				
SURNAME	LEYSON			
FIRST NAME	MARIA SALOME			
MIDDLE NAME	VARRON			

(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	BAYBAY II CENTRAL SCHOOL	PRIMARY SCHOOL	10/06/1996	15/03/2002	N/A	3/15/2002	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	07/06/2002	26/03/2010	N/A	26/03/2010	N/A
VOCATIONAL / TRADE COURSE	BAYBAY TECHNICAL VOCATIONAL SCHOOL	ELECTRICAL INSTALLATION AND MAINTENANCE NCII	01/12/2021	15/05/2022	N/A	5/15/2022	N/A
COLLEGE	SANTO NIÑO COLLEGE OF ORMOC	BACHELOR OF SCIENCE IN CRIMINOLOGY	15/06/2010	22/03/2015	N/A	22/03/2015	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	March 5, 2023
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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	Date of Validity
RA 1080	81.2	OCTOBER 28-30, 2016	TACLOBAN CITY, LEYTE	0133220	12/08/2025


(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.

28. INCLUSIVE DATES (mm/dd/yyyy)	POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format *00-0*/ INCREMENT)	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
01/10/2021	PRESENT	ELECTRICIAN	N/A	8,000	FREELANCE	
03/10/2022	31/12/2022	GOVERNMENT INTERNSHIP PROGRAM (GIP)	DEPARTMENT OF LABOR AND EMPLOYMENT (DOLE)	7,000	CONTRACT	
11/10/2021	20/12/2021	ENUMERATOR	PHILIPPINE STATISTICS AUTHORITY (PSA)	12,000	CONTRACT	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MARCH 5, 2023
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NTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

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

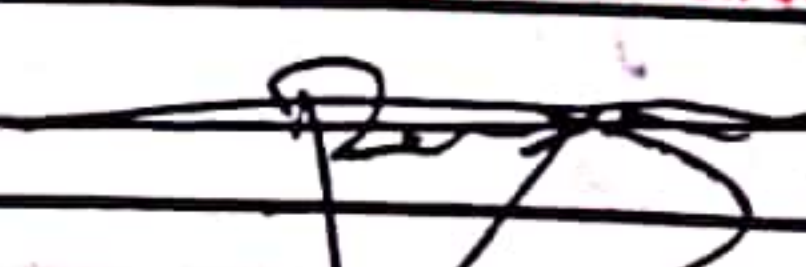
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
RESERVE OFFICER TRAINING CORPS	21/06/2010	27/03/2011	640	BASIC COURSE	SANTO NIÑO COLLEGE OF ORMOC
BUREAU OF JAIL MANAGEMENT AND PENOLOGY ( ON - THE - JOB TRAINING PROGRAM)	09/11/2014	19/03/2015	540	INTERN	SANTO NIÑO COLLEGE OF ORMOC
ELECTRICAL INSTALLATION AND MAINTENANCE	01/12/2021	15/01/2022	248	TECHNICAL	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY (TESDA)
GOVERNMENT INTERNSHIP PROGRAM (GIP)	03/10/2022	31/12/2022	500	TECHNICAL	DEPARTMENT OF LABOR AND EMPLOYMENT (DOLE)
PILOT COMMUNITY BASED MONITORING SYSTEM MUNICIPAL LEVEL TRAINING	25/09/2021	05/10/2021	80	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY (PSA)

(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)
COMPUTER LITERATE	N/A	PROFESSIONAL CRIMINOLOGIST ASSOCIATION OF THE PHILIPPINES (PCAP)
ELECTRICIAN		
CARPENTRY		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	MARCH 5, 2023
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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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39. Have you acquired the status of an immigrant or permanent resident of another country?  YES  NO

If YES, give details (country): \_\_\_\_\_

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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.
CHRISTOPER JOHN M. STA. IGLESIA	BRGY. KILIM, BAYBAY CITY, LEYTE	9950277192
MARIANITO E. GORGONIO	30 DE DICIEMBRE ST. BAYBAY CITY, LEYTE	9088104346
JEFFREY G. VARRON	BRGY. PALHI. BAYBAY CITY, LEYTE	9076830586



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.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **PRC**

ID/License/Passport No.: **133220**

Date/Place of Issuance: **TACLOBAN CITY**

Signature (Sign inside the box)

Date Accomplished



SUBSCRIBED AND SWORN to before me this **MAR 06 2023**, affiant exhibiting his/her validly issued government ID as indicated above.

DOC. NO. 1024  
BOOK NO. 1  
PAGE NO. 1  
SERIES OF 103

**ATTY. DECYROSE P. PAPA**  
Public Attorney II  
(Pursuant to R.A. 9406)  
Person Administering Oath