

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	VALENZONA		
FIRST NAME	DIVINA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	LUCHAVEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	02/15/1985	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	1320 BAUTISTA House/Block/Lot No. Street TRAMO BINAKAYAN Subdivision/Village Barangay KAWIT CAVITE City/Municipality Province 4104
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:	18. PERMANENT ADDRESS	APT. 19 KILBOURNE House/Block/Lot No. Street VISCA PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521-A
7. HEIGHT (m)	1.53	19. TELEPHONE NO.	N/A
8. WEIGHT (kg)	65	20. MOBILE NO.	09051561631
9. BLOOD TYPE	"A"	21. E-MAIL ADDRESS (if any)	divinezoe214@gmail.com
10. GSIS ID NO.	85021500068		
11. PAG-IBIG ID NO.	1700-0030-3092		
12. PHILHEALTH NO.	13-000074984-3		
13. SSS NO.	N/A		
14. TIN NO	937-624-622		
15. AGENCY EMPLOYEE NO.	V000528		

II. FAMILY BACKGROUND

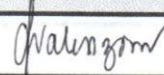
22. SPOUSE'S SURNAME	VALENZONA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JORGE	NAME EXTENSION (JR., SR)	ELEONA ZOE L. VALENZONA	02/09/2010
MIDDLE NAME	SANTONIA		ZURIELLE ZOE L. VALENZONA	02/02/2012
OCCUPATION	INSTRUCTOR		JESHAIAH ZOE L. VALENZONA	08/10/2016
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	VISCA, PANGASUGAN, BAYBAY CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LUCHAVEZ			
FIRST NAME	BIENVENIDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DOMINGUITO			
25. MOTHER'S MAIDEN NAME				
SURNAME	MONTE			
FIRST NAME	VICENTA			
MIDDLE NAME	MALAZARTE			

(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	LIBERTAD ELEMENTARY SCHOOL	PRIMARY EDUCATION	1991	1997		1997	SALUTATORIAN
SECONDARY	ORMOC CITY NATIONAL HIGH SCHOOL	HIGH SCHOOL	1997	2001		2001	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	LEYTE STATE UNIVERSITY	BS IN SECONDARY EDUCATION	2001	2005		2005	CUM LAUDE
GRADUATE STUDIES	LEYTE NORMAL UNIVERSITY	MA IN MATHEMATICS EDUCATION	2005	2009		2009	
	PHILIPPINE NORMAL UNIVERSITY	PHD IN MATHEMATICS EDUCATION	2016	present	33 UNITS		

(Continue on separate sheet if necessary)

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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(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.

[illegible]

(Continue on separate sheet if necessary)

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VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON- GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	NATIONAL AUXILLARY CHAPLAINCY PHILIPPINES, INC.	09/19/2015	03/31/2016	6.0	CHAPLAIN (NACPHIL VALUES FORMATION OFFICER)

(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			
	FACILITATING AND COUNSELING SKILLS RETOOLING SEMINAR-WORKSHOP	11/16/2015	11/16/2015	8	GUIDANCE & COUNSELING	VISAYAS STATE UNIVERSITY
	CHAPLAINCY TRAINING COURSE	07/17/2015	07/18/2015	16	TECHNICAL	NATIONAL AUXILLIARY CHAPLAINCY PHILIPPINES, INC. (NACPHIL)
	SEMINAR - WORKSHOP ON THE IMPLIMENTATION OF THE OUTCOMES-BASED EDUCATION (OBE)	04/05/2015	05/04/2015	16	INSTRUCTION	VISAYAS STATE UNIVERSITY
	VOICE AREA BASIC TRAINING SEMINAR IN TEACHING VALUES INSTRUCTION CLASS	01/25/2014	01/25/2014	8	INSTRUCTION	VOICE PHILIPPINES
	SEMINAR ON THE SENIOR HIGH SCHOOL PROGRAM	10/11/2013	10/11/2013	4	INSTRUCTION	VISAYAS STATE UNIVERSITY
	ORIENTATIONSEMINAR-WORKSHOP ON THE USE OF R FOR STATISTICAL ANALYSIS	10/22/2013	10/22/2013	8	TECHNICAL	VISAYAS STATE UNIVERSITY
	SEMINAR ON MONITORING PROGRESS ON DECENT WORK THROUGH STATISTICS: PATHWAY TO INCLUSIVE GROWTH	10/23/2012	10/23/2012	8	TECHNICAL	VISAYAS STATE UNIVERSITY
	CONSULTATIVE MEETING ON PRACTICE TEACHING & FIELD STUDY OF EDUCATION STUDENTS	09/28/2012	09/28/2012	8	SUPERVISORY	VISAYAS STATE UNIVERSITY

(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)
	SINGING, PLAYING GUITAR AND UKULELE		N/A		STATE UNIVERSITIES AND COLLEGES TEACHER EDUCATORS ASSOCIATION THE PHILIPPINE ASSOCIATION FOR GRADUATE EDUCATION VISAYAS STATE UNIVERSITY FACULTY ASSOCIATION THE MATHEMATICS TEACHERS ASSOCIATION OF THE PHILS. PHILIPPINE ASSOCIATION FOR TEACHER EDUCATION THE GIDEONS INTERNATIONAL IN THE PHILIPPINES

(Continue on separate sheet if necessary)

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

☐ YES ☒ NO
☐ YES ☒ 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?

☐ YES ☒ NO
If YES, give details: _____

☐ 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)?
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: _____

☐ 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?
b. Are you a person with disability?
c. Are you a solo parent?

☐ YES ☒ NO
If YES, please specify: _____

☐ YES ☒ NO
If YES, please specify ID No: _____

☐ YES ☒ NO
If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
DR. REMBERTO A. PATINDOL	VISCA, BAYBAY CITY, LEYTE	335-4554
DR. DOLORES L. ALCOBER	30 DICIEMBRE ST., BAYBAY CITY	563-8097
DR. VITA S. POLO	GABAS, BAYBAY CITY, LEYTE	335-2635

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.



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: **FACULTY ID**

ID/License/Passport No.: **V000528**

Date/Place of Issuance: **VISCA, BAYBAY CITY, LEYTE**

Signature (Sign inside the box)

04/24/2017

Date Accomplished

