

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 | MARTINEZ | | |
| FIRST NAME | CHIZKA MAE | NAME EXTENSION (JR., SR) N.A. | |
| MIDDLE NAME | SABIJON | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | May 31, 1993 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship |
| 4. PLACE OF BIRTH | Baybay, Leyte | If holder of dual citizenship, please indicate the details. | <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: |
| 5. SEX | <input type="checkbox"/> Male <input checked="" 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 | |
| 7. HEIGHT (m) | 1.55 | ZIP CODE | House/Block/Lot No. Street PANGASUGAN |
| 8. WEIGHT (kg) | 60 | | Subdivision/Village Barangay BAYBAY CITY LEYTE |
| 9. BLOOD TYPE | O | | City/Municipality Province 6521 |
| 10. GSIS ID NO. | 2005887120 | | |
| 11. PAG-IBIG ID NO. | 1212-0696-5467 | 18. PERMANENT ADDRESS | |
| 12. PHILHEALTH NO. | 13-250362426-9 | ZIP CODE | House/Block/Lot No. Street PANGASUGAN |
| 13. SSS NO. | 06-3778539-0 | | Subdivision/Village Barangay BAYBAY CITY LEYTE |
| 14. TIN NO. | 703-238-894 | 19. TELEPHONE NO. | City/Municipality Province |
| 15. AGENCY EMPLOYEE NO. | N/A | 20. MOBILE NO. | 0936-123-1749 / 0938-500-9365 |
| | | 21. E-MAIL ADDRESS (if any) | chizkamaemartinez@gmail.com |

II. FAMILY BACKGROUND

| | | | |
|---|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | NAME EXTENSION (JR., SR) | | |
| MIDDLE NAME | | N/A | |
| OCCUPATION | | | |
| EMPLOYER/BUSINESS NAME | | | |
| BUSINESS ADDRESS | | | |
| TELEPHONE NO. | N/A | | |
| 24. FATHER'S SURNAME | MARTINEZ | | |
| FIRST NAME | CESAR | NAME EXTENSION (JR., SR) | |
| MIDDLE NAME | CORNELIO | | |
| 25. MOTHER'S MAIDEN NAME | AMALIA CAÑETE SABIJON | | |
| SURNAME | MARTINEZ | | |
| FIRST NAME | AMALIA | | |
| MIDDLE NAME | SABIJON | | |
| (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 | VISCA Foundation Elementary School | | 2000 | 2006 | graduated | 2006 | |
| SECONDARY | VSU Laboratory High School | | 2006 | 2010 | graduated | 2010 | |
| VOCATIONAL / TRADE COURSE | N/A | | N/A | N/A | | N/A | |
| COLLEGE | VISAYAS STATE UNIERISITY | | 2010 | 2015 | graduated | 2015 | |
| GRADUATE STUDIES | N/A | | | | | | |

| | |
|---|-------------------|
| (Continue on separate sheet if necessary) | |
| SIGNATURE | DATE |
| | September 8, 2022 |

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 |
| | CSC-SubProfessional | 80.47 | March 18, 2018 | ORMOC CITY | CN 0819040080 | |
| | DRIVER'S LICENSE | | | BAYBAY CITY | H12-20-002828 | 31/05/2025 |
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(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

| | | | |
|------------------|------------------|-------------|-------------------|
| SIGNATURE | <i>C. A. ...</i> | DATE | September 8, 2022 |
|------------------|------------------|-------------|-------------------|

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

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

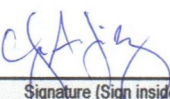
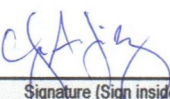
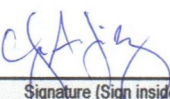



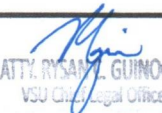
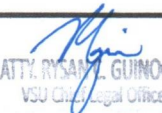
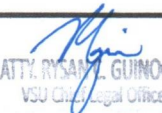
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VIII. OTHER INFORMATION

| | | |
|---|--|---|
| 31. SPECIAL SKILLS and HOBBIES | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
| PROFICIENT IN MS OFFICE (MS WORD, MS EXCEL, POWERPOINT) | N/A | Administrative Personnel Association |
| GOOD INTERPERSONAL SKILLS | | |
| READING BOOKS | | |
| | | |
| | | |
| | | |

(Continue on separate sheet if necessary)

| | | | |
|---|--|-------------------|--|
| SIGNATURE | | DATE | |
|  | | September 8, 2022 | |

| | | | | | | | | | | | | | |
|--|--|---|---|-------------------------|--|---|---------------------------------|----------------------|--|------------|------------------|---|------------|
| 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 type="checkbox"/> YES <input checked="" type="checkbox"/> 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? | <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) | | | | | | | | | | | | | |
| <table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>NICK FREDDY R. BELLO</td><td>VSU-Accounting Office, Baybay City, Leyte</td><td>9292255015</td></tr><tr><td>HONEY SOFIA V. COLIS</td><td>VSU-Office of the Director for Human Resource Management</td><td>9176341490</td></tr><tr><td>JENNIFER E. ANDO</td><td>VSU-Office of the Head of Recruitment Selection Placement and Personnel Records</td><td>9367356354</td></tr></table> | | NAME | ADDRESS | TEL. NO. | NICK FREDDY R. BELLO | VSU-Accounting Office, Baybay City, Leyte | 9292255015 | HONEY SOFIA V. COLIS | VSU-Office of the Director for Human Resource Management | 9176341490 | JENNIFER E. ANDO | VSU-Office of the Head of Recruitment Selection Placement and Personnel Records | 9367356354 |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | |
| NICK FREDDY R. BELLO | VSU-Accounting Office, Baybay City, Leyte | 9292255015 | | | | | | | | | | | |
| HONEY SOFIA V. COLIS | VSU-Office of the Director for Human Resource Management | 9176341490 | | | | | | | | | | | |
| JENNIFER E. ANDO | VSU-Office of the Head of Recruitment Selection Placement and Personnel Records | 9367356354 | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| <table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: Philhealth</td></tr><tr><td>ID/License/Passport No.: 13-250362426-9</td></tr><tr><td>Date/Place of Issuance:</td></tr></table> | 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.: 13-250362426-9 | Date/Place of Issuance: | <table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>September 08, 2022</td></tr><tr><td>Date Accomplished</td></tr></table> |  | Signature (Sign inside the box) | September 08, 2022 | Date Accomplished | | | | |
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| Government Issued ID: Philhealth | | | | | | | | | | | | | |
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| Date/Place of Issuance: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Signature (Sign inside the box) | | | | | | | | | | | | | |
| September 08, 2022 | | | | | | | | | | | | | |
| Date Accomplished | | | | | | | | | | | | | |
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| Right Thumbmark | | | | | | | | | | | | | |
| SUBSCRIBED AND SWORN to before me this <u>08 SEP 2022</u> , affiant exhibiting his/her validly issued government ID as indicated above. | | | | | | | | | | | | | |
| <table><tr><td> ATTY. RYSAL L. GUINOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table> | |  ATTY. RYSAL L. GUINOCOR VSU Chief Legal Officer | Person Administering Oath | | | | | | | | | | |
|  ATTY. RYSAL L. GUINOCOR VSU Chief Legal Officer | | | | | | | | | | | | | |
| Person Administering Oath | | | | | | | | | | | | | |