

CS Form No. 212
Revised 2017

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)	
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
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
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		House/Block/Lot No. Street
8. WEIGHT (kg)	51		PANGASUGAN
9. BLOOD TYPE	O		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		BAYBAY CITY LEYTE
11. PAG-IBIG ID NO.	1212-0696-5467		City/Municipality Province
12. PHILHEALTH NO.	13-250362426-9		6521
13. SSS NO.	06-3778539-0	18. PERMANENT ADDRESS	
14. TIN NO.	703-238-894		House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	N/A		PANGASUGAN
			Subdivision/Village Barangay
			BAYBAY CITY LEYTE
			City/Municipality Province
			6521
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	0936-123-1749
		21. E-MAIL ADDRESS (if any)	chizkamaemartinez@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)		
MIDDLE NAME	N/A		N/A	
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
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			

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	Elementary	2000	2006	graduated	2006	N/A
SECONDARY	VSU Laboratory High School	Secondary	2006	2010	graduated	2010	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A			none		N/A
COLLEGE	VISAYAS STATE UNIERSITY	Bachelor of Animal Science	2010	2015	graduated	2015	N/A
GRADUATE STUDIES	N/A						

SIGNATURE

DATE

June 23, 2021

CS FORM 212 (Revised 2017), Page 1 of 4

[illegible]

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)			
SIGNATURE		DATE	June 23, 2021

g-fiz

June 23, 2021

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

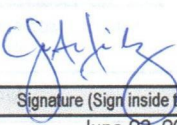
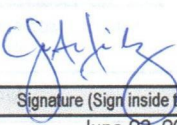
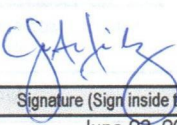






(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Proficient in MS Office (MS Word, MS Excel, Powerpoint)	N/A	N/A
Good Interpersonal Skills		
Reading Books		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 23, 2021
-----------	---	------	---------------

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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Atty. RYSAN C. GUINOCOR</td><td>VSU-Legal Office, Baybay City, Leyte</td><td>9173126266</td></tr><tr><td>LOURDES B. CANO</td><td>Office of the Director for Human Resource</td><td>9176341502</td></tr><tr><td>Jennifer E. Ando</td><td>OIC Head- RSPRO</td><td>563-7643</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Atty. RYSAN C. GUINOCOR	VSU-Legal Office, Baybay City, Leyte	9173126266	LOURDES B. CANO	Office of the Director for Human Resource	9176341502	Jennifer E. Ando	OIC Head- RSPRO	563-7643
NAME	ADDRESS	TEL. NO.											
Atty. RYSAN C. GUINOCOR	VSU-Legal Office, Baybay City, Leyte	9173126266											
LOURDES B. CANO	Office of the Director for Human Resource	9176341502											
Jennifer E. Ando	OIC Head- RSPRO	563-7643											
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>June 23, 2021</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	June 23, 2021	Date Accomplished				
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:													
													
Signature (Sign inside the box)													
June 23, 2021													
Date Accomplished													
	<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		Right Thumbmark										
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>23 JUN 2021</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer	Person Administering Oath									
													
ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer													
Person Administering Oath													