Revised 2017	DEDGO	NAL DAT	A CL						
1	PERSU	NAL DAT	A 31	IEE					
WARNING: Àny misrepresenta concerned.	tion made in the Personal Data Sheet and the	e Work Experience Sheet sh	all cause the	filing of adn	ninistrative/	criminal case/s a	gainst the pe	erson	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	ET (PDS) BEFORE ACCOMP	PLISHING THE	PDS FORM.	1. CS ID No.	Territorial design	(Do not fill up	For CSC use only	
I. PERSONAL INFORMATIO		WA II not applicable. DO NOT A	DBREVIATE.		I. CS ID NO.		(DO HOL HII UP.	For CSC use only,	
2. SURNAME	MARTINEZ								
FIRST NAME	CHIZKA MAE					NAME EXTENSION (JF	R., SR)	200	
MIDDLE NAME	SABIJON								
3. DATE OF BIRTH	May 31, 1993	16. CITIZENSHIP				7.5			
(mm/dd/yyyy)		Tilipino Li Duai Cidzensnip				by naturalization			
4. PLACE OF BIRTH	Baybay, Leyte	If holder of dual citize				country:			
5. SEX	☐ Male ☐ Female	please indicate the c	Jetails.		The state of the state of		-		
6 CIVIL STATUS	☑ Single ☐ Married	17. RESIDENTIAL ADDRESS							
	☐ Widowed ☐ Separated ☐ Other/s:		Но	use/Block/Lot N	lo.		Street PANGASUGAN		
7. HEIGHT (m)	1.55			Subdivision/Village BAYBAY CITY			Barangay LEYTE		
Service and American Control of the		-		City/Municipality			Province		
8. WEIGHT (kg)	51	ZIP CODE		add		6521	N 54 (\$45)		
9. BLOOD TYPE	0 860,000	18. PERMANENT ADDRESS	Но	use/Block/Lot N	lo.		Street		
10. GSIS ID NO.	N/A	The state of the s			ANGASUGAN Barangay				
11. PAG-IBIG ID NO.	1212-0696-5467		BAYBAY CITY City/Municipality			LEYTE Province			
12. PHILHEALTH NO.	13-250362426-9	ZIP CODE		6521					
13. SSS NO.	06-3778539-0	19. TELEPHONE NO.		N/A					
14. TÍN NO.	20. MOBILE NO.		0936-123-1749						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		chiz	kamaem	artinez@gma	iil.com		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of Ch	23. NAME of CHILDREN (Write full name and list all) DATE			DATE OF BIR	TH (mm/dd/yyyy)	
FIRST NAME	N/A	THANK EXTENSION (SIX., SIX)			N/A				
MIDDLE NAME	N/A		N/A						
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A MARTINEZ								
24. FATHER'S SURNAME		NAME EXTENSION (JR., SR)							
FIRST NAME	CESAR								
MIDDLE NAME 25. MOTHER'S MAIDEN NAME	AMALIA CAÑETE SABIJON								
SURNAME	NAME MARTINEZ								
FIRST NAME									
MIDDLE NAME	SABIJON			(0					
III. EDUCATIONAL BACKG				(U	onunue on se	parate sheet if neces	sary)		
26.				DEDICE OF	ATTEMPANOE	HIGHEST LEVEL/		SCHOLARSHIP/	
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE		ATTENDANCE	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	ViSCA Foundation Elementary School	Elementary		2000	To 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	Mence of the second	N/A	
COLLEGE	VISAYAS STATE UNIERSITY	Bachelor of Animal Science		2010	2015	graduated	2015	N/A	
GRADUATE STUDIES	N/A								
		Continue on separate sheet if nec	essary)						
SIGNATURE	Charliez			DA	ITE		June 23, 2021		

. CAR	EER SERVICE/ RA 1080	(BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	LICENSE (if applicable)	
В	SPECIAL LAWS/ ARANGAY ELIGIBILITY /		(If Applicable)	EXAMINATION / CONFERMENT	INATION / PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity	
	CSC-SubProfes	sional	80.47	March 18, 2018	ORMOC CITY		View district	N/A	N/A	
							7,10,70			
	1-708 15 - 1									
	EXPERIENCE	Start from your recent		ntinue on separate sheet h	necessary) ndicated in the attached	Work Expe	ience sheet.			
INCI	LUSIVE DATES (mm/dd/yyyy)	POSITION TI (Write in full/Do not	TLE TLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/ N)	
From	То				<u> </u>		INCREMENT			
6/2021 7/2017	Present 4/15/2021	Admin. Aid	e III		ayas State University	13,552 9,643		Job Order	Y	
/2016	9/1/2016	Encode		Dept. of Pure and Ap	5,720		Job Order	Υ		
			277							
	17. 19. 2		* ***		74. 14					
					31					
					147					
							1700 A.	30-1		
	1000			ontinue on separate sheet	if necessary)	721 28				
SIC	NATURE	Ch/_1	:4,	ananue vii separate siieet	DATE	- Ayer	June 23, 202	21		

IV. CIVIL SERVICE ELIGIBILITY

I. VOLUNTARY WORK OR INVOLVEME	NT IN CIVIC / NON-GOVERNMENT / F			GANIZATION/S			
	OF ORGANIZATION in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK	
4		From	То				
1			18 910103			Part of the Section is a facility of	
	i av m			in the same			
	Market Carlot						
	a ara mar PT v						
	(Cont	inue on separate :	sheet if necessar	0			
LEARNING AND DEVELOPMENT (LE							
rt from the most recent L&D/training program and	include only the relevant L&D/training taken for	the last five (5) yea	ars for Division C	hief/Executive/Manaç	gerial positions)		
TITLE OF LEARNING AND DEVELOPMEN	T INTERVENTIONS/TRAINING PROGRAMS		INCLUSIVE DATES OF ATTENDANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write	in full)	A CONTRACTOR OF THE CONTRACTOR	ld/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
100 0004 004F A		From	То				
ISO 9001:2015 Awareness/I		11/27/2020	11/27/2020	4 hours	Technical	Visayas State University	
Document Track		11/13/2020	11/13/2020	3 hours	Technical	Visayas State University	
Technical Specification & Parameters & odule of the Supply Properties Procuren	nent Management Information System	8/28/2020	8/28/2020	4 hours	Technical	Visayas State University	
019 R.A.C.E to Serve Fun Run Celebratio	n of the 119th Philippine Civil Service	9/1/2019	9/1/2019	2 hours	Technical	Palo, Leyte	
ORIENTATION WORKSHOP AMOI		1/15/2019	1/15/2019	8 hours	Technical		
		CANAL OF THE	in the leading			Visayas State University	
TARGET SETTING	WORKSHOP	8/20/2018	8/21/2018	16 hours	Technical	Visayas State University	
ORIENTATION ON BASIC CUSTOMER	R SERVICE AND WORK VALUES	9/5/2017	9/5/2017	8 hours	Technical	Visayas State University	
Time and Level of Madre De Agua S	Supplemental on Napier Grass	9/4/2013	9/4/2013	4 hours	Technical	Visayas State University	
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	(Cont	tinue on separate	sheet if necessar	1)			
II. OTHER INFORMATION							
	NON-	ACADEMIC DISTIN	NCTIONS / RECO	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZ	
31. SPECIAL SKILLS and HOBBIES	32.		e in full)	-		33. (Write in full)	
Proficient in MS Office (MS Word, MS Exc Powerpoint)	eel,	N/A				N/A	
Good Interpersonal Skills	12	and steel				Plan division	
Reading Books		en al annual and a second of	FA 107	managem and the second			
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SIGNATURE	C/41-8	the enterior statement	demonstructive that the	DA	TE	June 23, 2021	
	(CACI				THE PARTY OF THE P		

34.	Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immedia Bureau or Department where you will be appointed,						
	a. within the third degree?		YES NO				
	b. within the fourth degree (for Local Government Unit - Ca	areer Employees)?	YES NO				
		If YES, give details:					
35.	a. Have you ever been found guilty of any administrative of	ffense?	YES V NO				
			If YES, give details:				
			YES V NO				
	b. Have you been criminally charged before any court?		If YES, give details:				
			Date Filed:				
			Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of a any court or tribunal?	any law, decree, ordinance or regulation by	L ILS LINE)			
	With Artist Printers	If YES, give details:					
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, e		YES VEO sites detaile:				
	(abolition) in the public or private sector?	and of term, finished contract of phased out	t If YES, give details:				
38.	a. Have you ever been a candidate in a national or local elements are a section.	ection held within the last year (except	☐ YES ☑ N If YES, give details:	40			
	b. Have you resigned from the government service during	☐ YES ☑ I	NO				
	election to promote/actively campaign for a national or local		If YES, give details:				
39.	Have you acquired the status of an immigrant or permaner	nt resident of another country?	YES V	NO			
			If YES, give details (country	y):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons (RA					
DEC 1950-001	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972						
a.	Are you a member of any indigenous group?		YES V	NO			
b.	Are you a person with disability?		If YES, please specify: ☐ YES ☑	NO.			
	Are you a person with disability:		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	t /appointee)					
	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 Hood- RSPPRO	563-7643				
42.	I declare under oath that I have personally accomplished						
	complete statement pursuant to the provisions of perti- Philippines. I authorize the agency head/authorized repres			$\hat{z} = 3$			
	agree that any misrepresentation made in this doc			РНОТО			
	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						
l F	Sovernment Issued ID: Philhealth	Chalits -					
IC	D/License/Passport No.: 13-250362426-9	pox)					
D	vate/Place of Issuance:	Signafure (Sign(inside the t June 23, 2021 Date Accomplished		Right Thumbmark			
-	2	3 JUN 2021 afficial exhibit	· Landa Carlo	and ID as indicated above			
	SUBSCRIBED AND SWORN to before me this	, amant exhibit	ing his/her validly issued governme	ant id as indicated above.			
		Mai					
		ATTY, RYSAN C. GUINOCOR VSU Chief Legal Officer					
		Person Administering Oa	th				