

# 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	JORGE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SANTONIA		
3. DATE OF BIRTH (mm/dd/yyyy)	JULY 19, 1981	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BUNGA, BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	PHILIPPINES
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	1320 BOUTISTA House/Block/Lot No. Street TRAMO BINAKAYAN Subdivision/Village Barangay KAWIT CAVITE City/Municipality Province
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:	ZIP CODE	4104
7. HEIGHT (m)	1.67	18. PERMANENT ADDRESS	APT. 19 KILBOURNE House/Block/Lot No. Street VISCA Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
8. WEIGHT (kg)	80	ZIP CODE	6521
9. BLOOD TYPE	A	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	81071900525	20. MOBILE NO.	09364121537
11. PAG-IBIG ID NO.	1700-0030-0062	21. E-MAIL ADDRESS (if any)	vjzoe2143@gmail.com
12. PHILHEALTH NO.	130000738914		
13. SSS NO.	N/A		
14. TIN NO.	930-225-772		
15. AGENCY EMPLOYEE NO.	V000531		

## 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	DIVINA	NAME EXTENSION (JR., SR)	ELEONA ZOE L. VALENZONA	02/09/2010
MIDDLE NAME	LUCHAVEZ		ZURIELLE ZOE L. VALENZONA	02/02/2012
OCCUPATION	INSTRUCTOR		JESHAIAH ZOE L. VALENZONA	08/10/2014
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	VSU, VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.	053 - 335 - 4554			
24. FATHER'S SURNAME	VALENZONA			
FIRST NAME	SERGIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MIO			
25. MOTHER'S MAIDEN NAME				
SURNAME	SANTONIA			
FIRST NAME	ELSA			
MIDDLE NAME	SORIBEN			

(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	BUNGA ELEMENTARY SCHOOL	PRIMARY EDUCATION	1988	1994		1994	
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	1994	1998		1998	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	LEYTE STATE UNIVERSITY	BS IN STATISTICS	1998	2002		2002	
GRADUATE STUDIES	LEYTE NORMAL UNIVERSITY	MA MATH EDUCATION	2004	2009		2009	
	PHILIPPINE NORMAL UNIVERSITY	PHD MATH EDUCATION	2016	PRESENT	33 UNITS		

(Continue on separate sheet if necessary)


SIGNATURE		DATE	04/20/2017	CS FORM 212 (Revised 2017), Page 1 of 4
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[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]

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*Sm*

04/24/2017



## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / 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.	09/18/2014	03/31/2016	30	CHAPLAIN (NACPHIL VALUES FORMATION OFFICER)

(Continue on separate sheet if necessary)


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

[illegible]



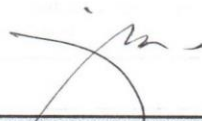
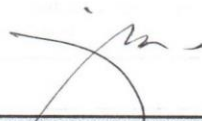
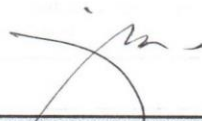
(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
PLAYING GUITAR , UKULELE, AND ORGAN	N/A	THE PHILIPPINE ASSOCIATION FOR GRADUATE EDUCATION
PLAYING BASKETBALL AND VOLLEYBALL		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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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>		<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>																	
<p>35. a. Have you ever been found guilty of any administrative offense?</p>   <p>b. Have you been criminally charged before any court?</p>		<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>																	
		<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>																	
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>		<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>																	
<p>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?</p>		<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>																	
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>		<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>																	
		<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>																	
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>		<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>																	
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>		<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p>																	
		<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>																	
		<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>																	
		<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>																	
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:35%;">NAME</th><th style="width:35%;">ADDRESS</th><th style="width:30%;">TEL. NO.</th></tr></thead><tbody><tr><td>DR. REMBERTO A. PATINDOL</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>335-4554</td></tr><tr><td>DR. VITA S. POLO</td><td>30 DICIEMBRE ST. BAYBAY CITY</td><td>563-8097</td></tr><tr><td>DR. DOLORES L. ALCOBER</td><td>GABAS, BAYBAY CITY, LEYTE</td><td>335-2635</td></tr></tbody></table>				NAME	ADDRESS	TEL. NO.	DR. REMBERTO A. PATINDOL	VISCA, BAYBAY CITY, LEYTE	335-4554	DR. VITA S. POLO	30 DICIEMBRE ST. BAYBAY CITY	563-8097	DR. DOLORES L. ALCOBER	GABAS, BAYBAY CITY, LEYTE	335-2635				
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<p>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.</p>		<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 150px;"><p><b>JORGE S. VALENZONA</b></p><p>PHOTO</p></div> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 150px;"><p>Right Thumbmark</p></div>																	
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td></tr><tr><td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>FACULTY ID</td></tr><tr><td>ID/License/Passport No.:</td><td>V000531</td></tr><tr><td>Date/Place of Issuance:</td><td>VISCA, BAYBAY CITY, LEYTE</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:	FACULTY ID	ID/License/Passport No.:	V000531	Date/Place of Issuance:	VISCA, BAYBAY CITY, LEYTE	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2" style="height: 80px; text-align: center; vertical-align: middle;"><p>Signature (Sign inside the box)</p></td></tr><tr><td colspan="2">Date Accomplished</td></tr><tr><td colspan="2" style="text-align: center;">4/24/2017</td></tr></table>		 <p>Signature (Sign inside the box)</p>		Date Accomplished		4/24/2017	
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4/24/2017																			
<p>SUBSCRIBED AND SWORN to before me this <u>APR 27 2017</u>, Affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="display: flex; justify-content: space-between; align-items: center;"><div style="width: 30%;"><p>DOC. NO. <u>2323</u></p><p>PAGE NO. <u>48</u></p><p>BOOK NO. <u>2017</u></p><p>SERIES NO. <u>2017</u></p></div><div style="width: 40%; text-align: center;"><p><b>ATTY. CINDERELLA FILIPINA B. JARO</b></p><p>NOTARY PUBLIC - CIVIL 31 DECEMBER 2018</p><p>IBP NO. 1039253 / 12-16-16 / CAVITE</p><p>PTR NO. 0616482 / 01-03-17 / IMUS</p><p>MCLE COMPLIANCE NO. V-0006229</p><p>Person Administering Oath</p></div><div style="width: 30%; text-align: right;"><p>NOTARIAL COMMISSION NO. 029-16</p></div></div>																			