

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases 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	Raul Anthony		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	Santiago		
3. DATE OF BIRTH (mm/dd/yyyy)	07/16/1987	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: Philippines
4. PLACE OF BIRTH	Baybay City, Leyte	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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	Zone 2 House/Block/Lot No. _____ Street _____ Patag Subdivision/Village _____ Barangay _____ BAYBAY LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	1.60	ZIP CODE	6521
8. WEIGHT (kg)	79.00		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	Zone 2 House/Block/Lot No. _____ Street _____ Patag Subdivision/Village _____ Barangay _____ BAYBAY LEYTE City/Municipality _____ Province _____
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	121048501996		
12. PHILHEALTH NO.	010510153753	19. TELEPHONE NO.	N/A
13. SSS NO.	N/A	20. MOBILE NO.	906-613-0739
14. TIN NO.	949055796	21. E-MAIL ADDRESS (if any)	raulanthony.valenzona@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	V02022		

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) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	Valenzona			
FIRST NAME	Raul	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Fernandez			
25. MOTHER'S MAIDEN NAME	Erlinda Igot Santiago			
SURNAME	Valenzona			
FIRST NAME	Erlinda			
MIDDLE NAME	Santiago		(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	Elementary	1995	2001	Graduated	2001	
SECONDARY	Dr. Geronimo B. Zaldivar Memorial School of Fisheries	High School	2004	2006	Graduated	2006	
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Bachelor of Science in Agribusiness	2014	2017	Graduated	2017	
GRADUATE STUDIES	N/A						


SIGNATURE		DATE	05/24/2022
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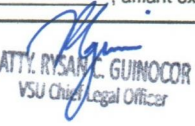
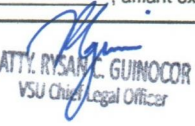
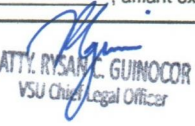
IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)		
				NUMBER	Date of Validity	
	CSC Sub-Professional	80.70	10/13/2013	Saint Joseph College, Maasin City	N/A	N/A
	Non-Professional Driver's License		07/14/2017	LTO Regional Office, Baybay City	H1209000112	07/16/2022

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	05/24/2022
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	N/A	N/A	N/A	N/A	N/A	
(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			
	Documents Control and Records Management Training	09/21/2021	09/23/2021	32	Technical	AGF Training and Consulting Group
	ISO 9001:2015 ISO Awareness and Reawareness Webinar	09/13/2021	09/13/2021	8	Technical	ODQA, Visayas State University
	Control you records before they control you: The basics of Records Management and Records Control	01/27/2021	01/27/2021	8	Technical	Department of Science and Technology - Science and Technology Information Institute
	ISO 9001:2015 ISO Awareness and Reawareness Webinar	11/27/2020	11/27/2020	8	Technical	ODQA, Visayas State University
	Webinar on ISO Document Control	09/21/2020	09/21/2020	8	Technical	AGF Training and Consulting Group
	Documentation Training	01/17/2019	01/17/2019	8	Technical	AGF Consulting Group and Visayas State University
	Risk Assessment and ISO Process Documentation	01/16/2019	01/16/2019	8	Technical	AGF Consulting Group and Visayas State University
	Orientation on Basic Customer Service and Work Values	09/05/2017	09/05/2017	8	Technical	ODAHRD, Visayas State University
	Enterprise Resource Planning(ERP) workshop	03/04/2015	03/04/2015	8	Technical	DBM, Visayas State University
	Planning Workshop for Program Accreditation	02/04/2013	02/08/2013	64	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Personality Development and Customer Services	11/09/2010	11/09/2010	8	Technical	Skyway O&M Corp.
	Orientation on QEHS Management System(ISO-9001:2008), OHSAS-18001:2007 & ISO 14001:2004+cor1:2009)	11/08/2010	11/08/2010	8	Technical	Skyway O&M Corp.
	Workshop on Career and Guidance	03/07/2008	05/07/2008	8	Technical	STI College Ormoc
(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)	
	N/A		N/A		N/A	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	05/24/2022	

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: End on contract _____												
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>JOEL H. BAYOS</td><td>SKYWAY OPM CORPORATION</td><td>(632) 824-2287</td></tr><tr><td>LUALHATI M. MORIEL</td><td>MDCA, BAYBAY CITY, LEYTE</td><td>335-2446</td></tr><tr><td>EDITHA G. CAGADAN</td><td>MDCA, BAYBAY CITY, LEYTE</td><td>0915 766 1487</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	JOEL H. BAYOS	SKYWAY OPM CORPORATION	(632) 824-2287	LUALHATI M. MORIEL	MDCA, BAYBAY CITY, LEYTE	335-2446	EDITHA G. CAGADAN	MDCA, BAYBAY CITY, LEYTE	0915 766 1487
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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: N/A PASSPORT ID</td></tr><tr><td>ID/License/Passport No.: N/A 3708-028A-6168703V100</td></tr><tr><td>Date/Place of Issuance: N/A 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: N/A PASSPORT ID	ID/License/Passport No.: N/A 3708-028A-6168703V100	Date/Place of Issuance: N/A BAYBAY CITY, LEYTE	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>05/24/2022</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	05/24/2022	Date Accomplished				
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SUBSCRIBED AND SWORN to before me this <u>04 AUG 2022</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td> ATTY. RYAN L. GUINOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>		 ATTY. RYAN L. GUINOCOR VSU Chief Legal Officer	Person Administering Oath										
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