

## 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 ( ) ☐ 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)	NA
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:	
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	House/Block/Lot No. Street Brgy. Patag Subdivision/Village Barangay Baybay City Leyte City/Municipality Province	
7. HEIGHT (m)	1.6m	ZIP CODE	6521	
8. WEIGHT (kg)	65kg			
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street Brgy. Patag Subdivision/Village Barangay Baybay City Leyte City/Municipality Province	
10. GSIS ID NO.		ZIP CODE	6521	
11. PAG-IBIG ID NO.	121048501996			
12. PHILHEALTH NO.	010510153753			
13. SSS NO.	NA	19. TELEPHONE NO.	None	
14. TIN NO.	949-055-796	20. MOBILE NO.	09066130739	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	rasvalenzona@gmail.com	

## II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR., SR)	NA	
MIDDLE NAME	NA			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	VALENZONA			
FIRST NAME	RAUL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	FERNANDEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	SANTIAGO			
FIRST NAME	ERLINDA			
MIDDLE NAME	IGOT			

(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	Graduated	1995	2001	Graduated	2001	None
SECONDARY	Dr. Geronimo B. Zaldivar Memorial School of Ficheries	Graduated	2001	2006	Graduated	2006	None
VOCATIONAL / TRADE COURSE	Systems Technology Institute(STI-Ormoc)	Diploma in Information Technology	2006	2008	Graduated	2008	None
COLLEGE	Visayas State University	Bachelor of Science in Agribusiness	2014	2017	Graduated	2017	None
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	05-14-2021
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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
	Career Service Sub-Professional Eligibility	80.7	October 13, 2013	Saint Joseph College, Maasin	NA	NA
	Driver's License(Sub-Professional)	NA	July 14, 2017	LTO Baybay District Office	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	05-14-2021
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05-14-2021



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
		From	To	
	NA	NA	NA	NA

(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)
		From	To		
	Workshop on Career and Guidance	Mar. 7, 2008	Mar. 7, 2008	8hrs	
	Personality Development and Customer Care	Nov. 9, 2010	Nov. 9, 2010	8hrs	
	Orientation on QEHS Management System (ISO-9001:2008, OHSAS-18001:2007 & ISO 14001:2004+cor 1:2009)	Nov. 8, 2010	Nov. 8, 2010	8hrs	
	Planning Workshop for Program Accreditation	Feb. 4, 2013	Feb. 8, 2013	64hrs	
	Enterprise Resource Planning(ERP) Workshop	Mar. 4, 2015	Mar. 4, 2015	8hrs	
	Orientation on Basic Customer Service and Work Values	Sept. 5, 2017	Sept. 5, 2017	8hrs	
	Risk Assessment and ISO Process Documentation	Jan. 16, 2019	Jan. 16, 2019	8hrs	
	Documentation Training	Jan. 17, 2019	Jan. 17, 2019	8hrs	
	Webinar on ISO Document Control	Sept. 21, 2020	Sept. 21, 2020	8hrs	
	Document Tracking System	Nov. 13, 2020	Nov.13, 2020	8hrs	
	ISO 9001:2015 Awarenes and Re-awareness Webinar	Nov. 27, 2020	Nov. 27, 2020	8hrs	
	Control your records before they control you: The basics of Records Management and Records Control	Jan. 27, 2021	Jan. 27, 2021	8hrs	










(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION		
31.	32.	33.
SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Computer Skills	NA	NA
Driving Skills		

(Continue on separate sheet if necessary)

SIGNATURE	DATE
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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 of 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>Dr. Editha G. Cagasan</td><td>Visca, Baybay City, Leyte</td><td>563 7534</td></tr><tr><td>Dr. Lualhati M. Noriel</td><td>Visca, Baybay City, Leyte</td><td>9185225669</td></tr><tr><td>Joel H. Rayos</td><td>Skyway O&amp;M Corp. Paranaque City, MM</td><td>032 824 2282</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. Editha G. Cagasan	Visca, Baybay City, Leyte	563 7534	Dr. Lualhati M. Noriel	Visca, Baybay City, Leyte	9185225669	Joel H. Rayos	Skyway O&M Corp. Paranaque City, MM	032 824 2282
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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 colspan="2">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:</td><td>Voter's ID</td></tr><tr><td>ID/License/Passport No.:</td><td>3708-0258A-G1687RSV10000</td></tr><tr><td>Date/Place of Issuance:</td><td>Baybay City</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:	Voter's ID	ID/License/Passport No.:	3708-0258A-G1687RSV10000	Date/Place of Issuance:	Baybay City	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>05-14-2021</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	05-14-2021	Date Accomplished
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SUBSCRIBED AND SWORN to before me this <u>8 JUN 2021</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYAN G. GUMOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYAN G. GUMOCOR VSU Chief Legal Officer	Person Administering Oath									
													
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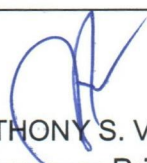


WORK EXPERIENCE SHEET

**Instructions:** 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: July 17, 2017 - Present
- Position: Administrative Aide III
- Name of Office/Unit: Office of the Director for Quality Assurance
- Immediate Supervisor: Editha G. Cagasan
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
  - Formatted and finalized ISO Quality Procedures, Guidelines and Forms.
- Summary of Actual Duties
  - Receiving and releasing of documents and other transactions of the office
  - Prepares documents such as; reimbursement, liquidations, JO payrolls, payment vouchers, PPMPs and PRs of the office.
  - Collect/gather, scan and upload supporting documents pertaining to AACCUP accreditation and ISO Certification activities.

  
RAUL ANTHONY S. VALENZONA  
(Signature over Printed Name  
of Employee/Applicant)

Date: May 14, 2021