

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	ORAIZ		
FIRST NAME	KENNETH	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	N/A		
3. DATE OF BIRTH (mm/dd/yyyy)	12/26/1994	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	MANILA	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input 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)	1.72 m	House/Block/Lot No.	Street
8. WEIGHT (kg)	66 kg	Subdivision/Village	Barangay
9. BLOOD TYPE		BAYBAY CITY	LEYTE
10. GSIS ID NO.	2005462277	City/Municipality	Province
11. PAG-IBIG ID NO.	N/A	ZIP CODE	6521
12. PHILHEALTH NO.	13-000125962-9	18. PERMANENT ADDRESS	
13. SSS NO.	N/A	House/Block/Lot No.	3 KINGS STREET
14. TIN NO.	489-650-503	Subdivision/Village	Street
15. AGENCY EMPLOYEE NO.	N/A	MACROHON	ICHON
		City/Municipality	Barangay
		ZIP CODE	SOUTHERN LEYTE
		19. TELEPHONE NO.	Province
			6601
		20. MOBILE NO.	
			09351326085
		21. E-MAIL ADDRESS (if any)	
			kenneth.oraiz26@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)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	BULOS		N/A	N/A
FIRST NAME	ALFREDO	NAME EXTENSION (JR., SR) JR.	N/A	N/A
MIDDLE NAME	NANZAN		N/A	N/A
25. MOTHER'S MAIDEN NAME	GINA BALABA ORAIZ		N/A	N/A
SURNAME	ORAIZ		N/A	N/A
FIRST NAME	GINA		N/A	N/A
MIDDLE NAME	BALABA		(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	ICHON ELEMENTARY SCHOOL	PRIMARY EDUCATION	2007	2008	N/A	2008	VALEDICTORIAN
SECONDARY	ICHON NATIONAL HIGH SCHOOL	HIGH SCHOOL	2008	2012	N/A	2012	1ST HONORABLE MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRICULTURE	2012	2016	N/A	2016	OLIM LAUDE/LEADS AGRICULTURE SCHOLAR
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS IN SOIL SCIENCE	2016	2018	N/A	2018	DOCT DEL ASTHEDRAN SCHOLAR

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/15/2020
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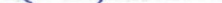


IV. CIVIL SERVICE ELIGIBILITY					
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)
					NUMBER
	<b>PD 907 - HONOR GRADUATE</b>	<b>N/A</b>	<b>4/12/2016</b>	<b>VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE</b>	<b>100108160508 4/13/2016</b>
	<b>DRIVER'S LICENSE</b>	<b>N/A</b>	<b>3/27/2018</b>	<b>LAND TRANSPORTATION OFFICE, BAYBAY CITY, LEYTE</b>	<b>H1217S03256 3/27/2018</b>
	<b>RA 1080 - LICENSED PROFESSIONAL AGRICULTURIST</b>	<b>80.0</b>	<b>6/24/2018</b>	<b>HOLY INFANT COLLEGE, BRGY UTAP, TACLOBAN CITY, LEYTE</b>	<b>0030686 8/3/2018</b>

#### 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	07/15/2020



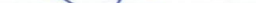
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VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator(s)	
7. Topics Covered	
8. Key Takeaways	
9. Action Items	
10. Other Comments	







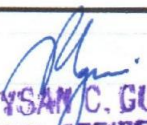
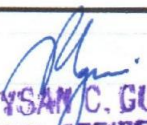
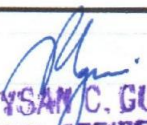
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VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
NONE	None NONE	Society of Agricultural Educators in Region 8, Inc.
		Philippine Society for the Study of Nature (PSSN), Inc.

SIGNATURE		DATE	07/15/2021
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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 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><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>DR. VICTOR B. ASIO</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>9176341438</td></tr><tr><td>DR. SUZETTE B. LINA</td><td>VISCA, BAYBAY CITY, LEYTE</td><td>9199613922</td></tr><tr><td>DONN JUSTIN O. BULOS</td><td>ICHON, MACROHON, SOUTHERN LEYTE</td><td>9356289219</td></tr></table>		NAME	ADDRESS	TEL. NO.	DR. VICTOR B. ASIO	VISCA, BAYBAY CITY, LEYTE	9176341438	DR. SUZETTE B. LINA	VISCA, BAYBAY CITY, LEYTE	9199613922	DONN JUSTIN O. BULOS	ICHON, MACROHON, SOUTHERN LEYTE	9356289219
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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: <u>PRC ID</u></td></tr><tr><td>ID/License/Passport No.: <u>0030686</u></td></tr><tr><td>Date/Place of Issuance: <u>8/3/2018 - PRC Tacloban</u></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: <u>PRC ID</u>	ID/License/Passport No.: <u>0030686</u>	Date/Place of Issuance: <u>8/3/2018 - PRC Tacloban</u>	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td><u>07/15/2020</u></td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	<u>07/15/2020</u>	Date Accomplished				
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SUBSCRIBED AND SWORN to before me this <u>27 JUL 2020</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOR</td></tr><tr><td>NSU LEGAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOR	NSU 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: August 1, 2018 – present
- Position: Instructor I
- Name of Office/Unit: Department of Soil Science
- Immediate Supervisor: Suzette B. Lina
- Name of Agency/Organization and Location: Department of Soil Science, VSU, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
  - Held classes for two years
  - Created research proposals
  - Got involved in research as study leader
  - Attended and presented research papers in National and International Conferences
- Summary of Actual Duties
  - Responsible for teaching and performing all relevant activities of the Department; involve in research and extension activities; attend trainings for the individual and department development

  
KENNETH ORAIZ  
(Signature over Printed Name  
of Employee/Applicant)

Date: July 15, 2020