Revised 2017: 3619 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 () a 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) 2 SURNAME **FLORES** NAME EXTENSION (JR., SR) N/A FIRST NAME MARIA ZAIDA MIDDLE NAME ARRADAZA 3. DATE OF BIRTH 12/9/1967 16. CITIZENSHIP (mm/dd/yyyy) **▼** Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH Baybay City Leyte If holder of dual citizenship, Pls. indicate country: please indicate the details 5 SEX ☐ Male ✓ Female V ✓ Single ☐ Married 17. RESIDENTIAL ADDRESS #705 M-H del Pilar Street 6 CIVIL STATUS House/Block/Lot No. ☐ Widowed ☐ Separated Street Zone 9 Other/s: Subdivision/Village Barangay Baybay City Leyte 7. HEIGHT (m) 161.5 cm. City/Municipality Province 8. WEIGHT (kg) 73. 8 kgs ZIP CODE M-H del Pilar Street 18. PERMANENT ADDRESS #705 9. BLOOD TYPE "0" House/Block/Lot No Street Zone 9 10. GSIS ID NO 67120901408 Subdivision/Village Barangay Baybay City Leyte 11 PAG-IRIG ID NO 1700-0024-9463 City/Municipality Province 12 PHILHEALTH NO B-000014235-3 ZIP CODE 6521 13. SSS NO 620994475 19. TELEPHONE NO. 053-525-0140-1058 14. TIN NO. 157-642-999 20. MOBILE NO. 09268686630 15. AGENCY EMPLOYEE NO. 007-721 21. E-MAIL ADDRESS (if any) mariazaida.flores@vsu.edu.ph FAMILY BACKGROUND 22 SPOUSE'S SURNAME n/a 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) n/a FIRST NAME n/a n/a MIDDLE NAME n/a OCCUPATION n/a EMPLOYER/BUSINESS NAME n/a BUSINESS ADDRESS n/a TELEPHONE NO n/a FATHER'S SURNAME **FLORES** SR. FIRST NAME **DOUGLAS** MIDDLE NAME LORETO 25 MOTHER'S MAIDEN NAME ARRADAZA SURNAME FIRST NAME CECILIA MIDDLE NAME GESULGA (Continue on separate sheet if necessary) SCHOLARSHIP! PERIOD OF ATTENDANCE HIGHEST LEVEL NAME OF SCHOOL YEAR GRADUATED BASIC EDUCATION/DEGREE/COURSE ACADEMIC LEVEL UNITS EARNED (Write in full) (Write in full) HONORS (if not graduated) RECEIVED From To ELEMENTARY Franciscan College of the Immaculate Conception Graduated Certificate 1980 Diploma SECONDARY Franciscan College of the Immaculate Conception Graduated Diploma 1984 Diploma VOCATIONAL / None N/A None None None TRADE COURSE COLLEGE Franciscan College of the Immaculate Conception Bachelor of Arts Diploma 1989 Diploma GRADUATE STUDIES None None N/A SIGNATURE

June 8,2021

DATE

SIGNATURE

Revised 2017 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. (Do not fill up. For CSC use only 1. CS ID No. Print legibly. Tick appropriate boxes () a use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. . PERSONAL INFORMATION 2. SURNAME FLORES NAME EXTENSION (JR., SR) N/A FIRST NAME MARIA ZAIDA ARRADAZA MIDDLE NAME 3. DATE OF BIRTH 16. CITIZENSHIP 12/9/1967 ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH Baybay City Leyte If holder of dual citizenship, Pls. indicate country: please indicate the details ☐ Male 5 SEX **▼** Female M-H del Pilar Street ✓ Single Married 17. RESIDENTIAL ADDRESS #705 6 CIVIL STATUS House/Block/Lot No. Street ☐ Widowed ☐ Separated Zone 9 Other/s: Subdivision/Village Barangay Baybay City Leyte 7. HEIGHT (m) 161.5 cm. City/Municipality Province 8. WEIGHT (kg) 73. 8 kgs ZIP CODE M-H del Pilar Street 18. PERMANENT ADDRESS #705 9. BLOOD TYPE "0" Street House/Block/Lot No. Zone 9 10. GSIS ID NO. 67120901408 Subdivision/Village Barangay **Baybay City** Levte 11 PAG-IBIG ID NO 1700-0024-9463 City/Municipality Province B-000014235-3 6521 12 PHILHEALTH NO 7IP CODE 13. SSS NO 620994475 19. TELEPHONE NO. 053-525-0140-1058 14 TIN NO 157-642-999 09268686630 20 MOBILE NO 007-721 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) mariazaida.flores@vsu.edu.ph DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME n/a 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) n/a n/a FIRST NAME n/a MIDDLE NAME n/a n/a OCCUPATION EMPLOYER/BUSINESS NAME n/a **BUSINESS ADDRESS** n/a TELEPHONE NO. n/a 24. FATHER'S SURNAME FLORES SR FIRST NAME DOUGLAS MIDDLE NAME LORETO 25 MOTHER'S MAIDEN NAME ARRADAZA SURNAME FIRST NAME CECILIA (Continue on separate sheet if necessary) GESULGA MIDDLE NAME SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC YEAR LEVEL UNITS EARNED GRADUATED HONORS (Write in full) (Write in full) (if not graduated) RECEIVED From To ELEMENTARY Franciscan College of the Immaculate Conception Graduated Certificate 1980 Diploma Diploma SECONDARY Franciscan College of the Immaculate Conception Graduated Diploma 1984 VOCATIONAL / None N/A None None None TRADE COURSE COLLEGE Franciscan College of the Immaculate Conception Bachelor of Arts Diploma 1989 Diploma N/A None None GRADUATE STUDIES N/A None

DATE

NAME & ADDRESS @F ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK
\$ 3	From			TOSTION NATURE OF WORK	
FCIC Alumni Association	198 4	present		Alumni Member	
CYMWA,Brgy. Sto. Rosario Baybay City Leyte		present	03 133100	Member/Facilitator/Coordinator	
Sto.Padre Pio religious group (Baybay Chapter)	Sept. 23,2013	present		Member/Facilitator/Coordinator	
Community Service/Outreach Program (Brgy. Sto. Rosario/Zone 9)	May 1,2007	present	y analosy	Coordinator/Facilitator	
BEC Cell #1 Sto. Padre Pio Group;San Isidro Chapel Baybay City Leyte	Sept. 1,2018	present		Group Leader/Coordinator/Facilitator	
	(Continue on continue	b4 W			Lagran Comment South Covers C
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAIL		ATTENDE	D		
Start from the most recent L&D/training program and include only the relevant L&D/trainin TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE I ATTEND (mm/dd/	DATES OF	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
VSU ISO 9001 First Surveillance	From February 4,2021	То		Technical/etc)	
Final Briefing/ 1st ISO Surveillance Audit	February 2,2021	ections pro			OP, OVPREI, QAC
Drientation & Re-cascading of Internal Documented Information	January 28,2021	11 TA - 13 (N. 2)	AND SHOP OF THE SECOND	175) 17400	QAC,VSU
QMS on Boarding VSU Quality Management System	January 27, 2021	学自2000 A		a e katalong	QAC,VSU
Re-Orientation of the HR process & cascading of HR Forms	February 4, 2020				CCE Building, NARC,VSU
Seminar Workshop on Records Matrix & NAP Form 1 Completion	Dec. 13,2019	rimon-(E)	est in addigate	n comer, men	CCE Bldg. 1st Floor;VSU Baybay City
wareness Seminar on RA #11032 & PDS Training	Nov. 26-27,2019	artone to be	etigas recorde		RDE Hall;OVPRE, VSU
luman Resource Mgt. Information System Training	Nov. 25,2019				VSU Convention Center
riefing Orientation on PDF for NBC 461	Nov. 15,2019				QAC,VSU
SO End Process Audit	Sept. 16,2019	wollet at a	MOTE PERFE	(2.18	CCE Bldg., VSU Baybay City Leyte
Briefing on ISO	Sept. 6, 2019			(10)	QAC.VSU
SSIS Financial Literacy Seminar	July 8,2019				PhilRootcrops Training Hall, VSU
Seminar on Bomb Treat Awareness	April 5,2019				RDE Hall;OVPRE, VSU
/SU Coop General Assembly	March 23,2019				Pavillon Glass Room;VSU Baybay City
Environmental Ethic the Heart & Tourism Industry	3/22/2019				RDE Hall, OVPRE <vsu< td=""></vsu<>
Participant VSU AdPA Gen. Assembly Meeting	Dec. 17, 2018				RDE Hall, OVPRE <vsu< td=""></vsu<>
Participant VSUCC Basic Coop Seminar	Nov. 17,2018	/			Pavillon Glassroom, VSU
Evaluation Facilitator Performance Evaluation	Nov. 8,2018	Nov. 17,2018			Dept. of Agronomy VSU
Participant Final Reminders On Site Assessment & SSIS Updates	Sept. 14,2018	1 Pr-101 AV	ci toerbles	o sessionia	RDE Hall;OVPRE, VSU
Participant PRIME HRM Training Seminar	April 29,2018	a co bra	Instance	ini n e an	RDE Hall, OVPRE, VSU
acilitator/Committee Regional Abaca Summit	June 20,2018	June 21,2018		(8)	RDE Hall,OVPRE,VSU
Loyalty Awardee 25 years of Continuous Dedicated Service from June 16,1992	Sept. 29,2017				VSU Gymnasium
		The second second	ALITY COLUMN TO THE REAL PROPERTY OF THE PERTY OF THE PER		CEAC SIGN COMY COLUMN FOR FOR FOR
According					Straugel to equippe
The tradition of the part of t			and the same of the same		
	(Continue on separate s	sheet if necessar	y)		
VIII. OTHER INFORMATION SPECIAL SKILLS and HOBBIES 32.	ON-ACADEMIC DISTING		GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZAT
SPECIAL SKILLS and HOBBIES 32. N computer literate, bookkeeping, record management, handicraft making, cooking, driving motorcycle, playing	ON-ACADEMIC DISTING (Write		ENITION	p promise and the pro-	MEMBERSHIP IN ASSOCIATION/ORGANIZ/ (Write in full)
volleyball, table tennis,gardening and landscaping, community service organizing, events facilitatorand coordinator, facilitating meetings, trainings, seminars, workshop, conferences, Evaluation Facilitator of VSU Faculty Teaching Performance	ng and landscaping, events facilitatorand t, trainings, seminars, ion Facilitator of VSU				
	A STATE OF THE PARTY OF THE PAR	THE R. P. LEWIS CO., LANSING, SALES,	THE RESIDENCE OF THE PARTY OF T		

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate					
	Bureau or Department where you will be apppointed,					
	a. within the third degree?		☐ YES ☐	NO .		
	b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	YES 5	Z NO		
			If YES, give details:			
25	a. Have you ever been found guilty of any administrative offe	Sagne				
30.	a. There you over boot found guilty of any autilinistrative one	1001	☐ YES ☐ If YES, give details:	☑ NO		
		And a state and above a distance of the state of				
	b. Have you been criminally charged before any court?		☐ YES	✓ NO		
		If YES, give details:	If YES, give details:			
		Date Filed:				
	and a substitution of the	Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of an any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37.	Have you ever been separated from the service in any of the	T vec	Fluo			
	dropped from the rolls, dismissal, termination, end of term, fi in the public or private sector?	☐ YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local elec-	☐ YES ☑ NO If YES, give details:				
	Barangay election)?					
b. Have you resigned from the government service during the three (3)-month period before the last			☐ YES ☑ NO			
200	election to promote/actively campaign for a national or local Have you acquired the status of an immigrant or permanent		If YES, give details:			
39.	have you adquired the status of an infiningrant or permanent	☐ YES ☑ NO If YES, give details (country):				
		If YES, give details	(country):			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please					
a.	Are you a member of any indigenous group?					
		☐ YES ☑ NO If YES, please specify:				
b.	Are you a person with disability?	☐ YES ☑ NO				
C.	Are you a solo parent?		If YES, please specify			
	And Annual ISS recommendation		☐ 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.			
	DR. FELICIANO G. SINON	NARC,VSU	9173108072			
	DR. LUZ O. MORENO	NARC,VSU	053-563-7598			
	DR. RUBEN M. GAPASIN	Brgy. Guadalupe,Baybay City Leyte	9176336571			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representagree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.	РНОТО		
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)					
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: UMID GSIS CARD						
-	//License/Passport No.: CRN 006-0061-3305-6					
H	ate/Place of Issuance:	pox)				
L	and the of issuance.	Date Accomplished		Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	, affiant exhib	oiting his/her validly issued o	government ID as indicated above.		
Marin						
		th				
-Qrisennan		Person Administering Oa	ui			
				CS FORM 212 (Revised 2017), Page 4 of 4		

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