

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)	
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 Pls. indicate country:
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	
7. HEIGHT (m)	1.72 m	ZIP CODE	House/Block/Lot No. Street PANGASUGAN
8. WEIGHT (kg)	66 kg		Subdivision/Village Barangay BAYBAY CITY LEYTE
9. BLOOD TYPE			City/Municipality Province
10. GSI ID NO.	2005462277		6521
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS	3 KINGS STREET
12. PHILHEALTH NO.	13-000125962-9	ZIP CODE	House/Block/Lot No. Street ICHON
13. SSS NO.	N/A		Subdivision/Village Barangay MACROHON SOUTHERN LEYTE
14. TIN NO.	489-650-503		City/Municipality Province
15. AGENCY EMPLOYEE NO.	N/A		6601
19. TELEPHONE NO.	N/A	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	CUM LAUDE/ LEADS AGRICULTURE SCHOLAR
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS IN SOIL SCIENCE	2016	2018	N/A	2018	DOST SEI ASTHRDP-NSC SCHOLAR

(Continue on separate sheet if necessary)		SIGNATURE	DATE	April 11, 2024
---	--	-----------	------	----------------

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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













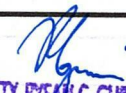
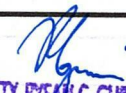
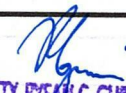
[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	DATE	11/04/2024
-----------	------	------------


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 type="checkbox"/> YES 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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><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></tbody></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		
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												
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><td rowspan="4"><table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>04/18/24</td></tr><tr><td>Date Accomplished</td></tr></table></td></tr><tr><td>Government Issued ID: PRC ID</td></tr><tr><td>ID/License/Passport No.: 0030686</td></tr><tr><td>Date/Place of Issuance: 03/08/2018</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>04/18/24</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	04/18/24	Date Accomplished	Government Issued ID: PRC ID	ID/License/Passport No.: 0030686	Date/Place of Issuance: 03/08/2018	<table><tr><td></td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		PHOTO		Right Thumbmark
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>04/18/24</td></tr><tr><td>Date Accomplished</td></tr></table>			Signature (Sign inside the box)	04/18/24	Date Accomplished								
														
Signature (Sign inside the box)														
04/18/24														
Date Accomplished														
Government Issued ID: PRC ID														
ID/License/Passport No.: 0030686														
Date/Place of Issuance: 03/08/2018														
														
PHOTO														
														
Right Thumbmark														
SUBSCRIBED AND SWORN to before me this 22 APR 2024, affiant exhibiting his/her validly issued government ID as indicated above.														
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer	Person Administering Oath										
														
ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer														
Person Administering Oath														

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: Dr. Suzette B. Lina
- Name of Agency/Organization and Location: Visayas State University, Visca, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
 - 1 Research Article Publication
 - 1 Book Chapter Publication
 - Attended and presented in national and international conferences
 - Created Learning guides and learning materials
 - Conducted VSU-funded and externally funded research related to soil science.
 - Supervised undergraduate and graduate students in their theses.
 - Participated in the department's extension project
- Summary of Actual Duties
 - Conduct instruction, research and extension


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

Date: 04/29/24