

PERSONAL DATA SHEET

Print legibly Mark appropriate boxes

☐

with "/" and use separate sheet if necessary

CS ID No.

(to be filled y CSC)

2. SURNAME		OIRACILION		3. NAME EXTENSION (e.g. Jr. Sr.)	
FIRST NAME		RIZALIANID			
MIDDLE NAME		IBRAHIM			
4. DATE OF BIRTH (mm/dd/yyyy)		09/04/1977		16. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH		GAAS, BAYBAY		CENTRO GAAS BAYBAY CITY PHILIPPINES	
6. SEX		☒ Male ☐ Female		ZIP CODE	
7. CIVIL STATUS		☒ Single ☐ Widowed ☐ Married ☐ Separated ☐ Annulled ☐ Others, specify		17. TELEPHONE NO.	
8. CITIZENSHIP		FILIPINO		18. PERMANENT ADDRESS	
9. HEIGHT (m)		5'5"		CENTRO GAAS BAYBAY CITY PHILIPPINES	
10. WEIGHT (kg)		60 kg		ZIP CODE	
11. BLOOD TYPE		"O"		6821	
12. CSIS ID NO.				19. TELEPHONE NO.	
13. PAG-IBIG ID NO.				20. E-MAIL ADDRESS (if any)	
14. PHILHEALTH NO.				21. CELL PHONE NO. (if any)	
15. SSS NO.		06-2053758-4		22. AGENCY EMPLOYEE NO.	
				TIN	
				000328 937-620-740	

24. SPOUSES' SURNAME		25. NAME OF CHILDREN (Write full name and list all)		Date of Birth (mm/dd/yyyy)	
FIRST NAME		NA		/ /	
MIDDLE NAME		NA		/ /	
OCCUPATION				/ /	
EMPLOYER/BUS. NAME				/ /	
BUSINESS ADDRESS				/ /	
TELEPHONE NO.				/ /	
				/ /	
				/ /	
26. FATHER'S SURNAME				/ /	
FIRST NAME		ORACION		07/11/1942	
MIDDLE NAME		WILFREDO		/ /	
		DESTO		/ /	
27. MOTHER'S MAIDEN NAME				/ /	
SURNAME		IBANEZ		12/15/1941	
FIRST NAME		MARIA		/ /	
MIDDLE NAME		NAYRA		/ /	

LEVEL	NAME OF SCHOOL (Write in full)	DEGREE/ COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP ACADEMIC/ HONORS RECEIVED
					From	To	
ELEMENTARY	C. P. Garcia Elem. School		1992		1986	1992	
SECONDARY	Baybay National High School		1997		1993	1997	
VOCATIONAL/ TRADE COURSE	So. Leyte State Coll. of Science Technology	Trade Technical Education	2000		1998	2000	
COLLEGE	Southern Leyte State University	Bachelor of Sci. in Industrial Tech.	2002		1998	2002	
GRADUATE STUDIES		(BSIT)					

(Continue on separate sheet if necessary)

CIVIL SERVICE ELIGIB

29 CAREER SERVICE/RA 1060 (BOARD/BAR)
UNDER SPECIAL LAWS/CES/CSEE

[illegible]

(Continue on separate sheet if necessary)

WORK EXPERIENCE (include private employment. Start with your current work.)

30. INCLUSIVE DATES
(mm/dd/yyyy)

POSITION TITLE
(Write in full)

DEPARTMENT/AGENCY
OFFICE/COMPANY
(Write in full)

MONTHLY
SALARY

SALARY GRADE
& STEP
INCREMENT
(Format "00-0")

STATUS
OF
APPOINT-
MENT

GOV'T
SERVICE
(Yes/No)

[illegible]

(Continue on separate sheet if necessary)

31.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION/ NATURE OF WORK
		From	To		
	None	/ /	/ /		
		/ /	/ /		
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(Continue on separate sheet if necessary)

32.	TITLE OF SEMINAR/CONFERENCE WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
		From	To		
	On-the-Job Training	7/2/01	12/4/01	1,200	Sotto Light Duty Rewinding Shop and Electrical Services Cebu City
		/ /	/ /		
		/ /	/ /		
	Research, Devel., Extension, Instruc	5/7/06	5/18/06	24	CA - LSU
	Production Planning Workshop	/ /	/ /		
	Fire Safety Seminar	1/12/07	1/12/07	3	Gibrosen Fire Safety
	Training of Office Produc-	5/7/07	5/11/07	40	DCST LSU Visca
	tivity Tools	/ /	/ /		Baybay Leyte
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(Continue on separate sheet if necessary)

33. OTHER INFORMATION		
33. SPECIAL SKILLS/HOBBIES:	34. NON-ACADEMIC DISTINCTIONS/ RECOGNITION (Write in full)	35. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Computer Literate	None	None
Biking		
Walking		
Swimming		
Electrician		

36. Are you related by consanguinity or affinity to any of the following:

a. Within the third degree
(for NATIONAL GOVERNMENT Employees):
appointing authority, recommending authority, chief
of office/bureau/department or person who has
immediate supervision over you in the Office,
Bureau or Department where you will be appointed?

☐ YES ☒ NO
If YES, give details: _____

b. Within the fourth degree
(for LOCAL GOVERNMENT Employees): appointing authority
or recommending authority where you are appointed?

☐ YES ☒ NO
If YES, give details: _____

37. a. Have you ever been formally charged?

☐ YES ☒ NO
If YES, give details: _____

b. Have you ever been guilty of any administrative offense?

☐ YES ☒ NO
If YES, give details: _____

38. Have you ever been convicted of any crime or violation
of any law, decree, ordinance or regulation by any
court or tribunal?

☐ YES ☒ NO
If YES, give details: _____

39. 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, AWOL or phased out, in the
public or private sector?

☐ YES ☒ NO
If YES, give details: _____

40. Have you ever been a candidate in a
national or local election (except Barangay election)?

☐ YES ☒ NO
If YES, give details: _____

41. 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?

☐ YES ☒ NO
If YES, pls. specify: _____

b. Are you differently abled?

☐ YES ☒ NO
If YES, pls. specify: _____

c. Are you a solo parent?

☐ YES ☒ NO
If YES, pls. specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant/ appointee)

NAME	ADDRESS	TEL. NO.
Dr. Oscar B. Peras	Bray. Maric Baybay	
Dr. Malhati M. Noriel	Visca Baybay Lyke	

43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is
a true, correct and complete statement pursuant to the provisions of pertinent laws,
rules and regulations of the Republic of the Philippines

I also authorize the agency head/ authorized representative to verify/ validate the contents stated herein.
I trust that this information shall remain confidential.



PHOTO

21618296
COMMUNITY TAX CERTIFICATE NO.

Baybay City, Leyte
ISSUED AT

March 8, 2007
ISSUED ON (mm/dd/yy)

Yponacion
SIGNATURE (Sign inside the box)

Sept. 28, 2007
DATE ACCOMPLISHED



RIGHT THUMBMARK