

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	MAZO		
FIRST NAME	CRISILDA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	BORELA		
3. DATE OF BIRTH (mm/dd/yyyy)	6.25.1993	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	BRGY. MARCOS, BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	N/A House/Block/Lot No. Street N/A MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.53	ZIP CODE	6521
8. WEIGHT (kg)	51		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	N/A House/Block/Lot No. Street N/A MARCOS Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A 2005203298	ZIP CODE	6521
11. PAG-IBIG ID NO.	1211-6586-3125		
12. PHILHEALTH NO.	13-250360835-2		
13. SSS NO.	34-5426505-8	19. TELEPHONE NO.	N/A
14. TIN NO.	331-505-950-000	20. MOBILE NO.	+639754902274
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	crisi.mazo@vsu.edu.ph

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	MAZO		N/A	N/A
FIRST NAME	CRISANTO	SR.	N/A	N/A
MIDDLE NAME	ABABAT		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	BORELA		N/A	N/A
FIRST NAME	MARINA		N/A	N/A
MIDDLE NAME	POLIDO		(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	MARCOS ELEMENTARY SCHOOL & AGUSTIN ELEMENTARY SCHOOL SAN	PRIMARY EDUCATION	6/5/1998 6/4/2001	3/20/2001 3/30/2005	N/A	2005	2ND HONORABLE
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	HIGH SCHOOL	5.6.05	22.3.09	N/A	2009	1ST HONORABLE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURAL ENGINEERING	7.6.10	22.4.15	N/A	2015	NONE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	DECEMBER 04, 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	Date of Validity
	Agricultural Engineering Board		October 30-31, 2019	Manila, Philippines		
	Career Service Examination		17.3.19	Ormoc City, Leyte		

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

20	INCLUSIVE DATES				SALARY/ JOB/ PAY		
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[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	DECEMBER 04, 2020
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DATE _____

DECEMBER 04, 2020

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(Continue on separate sheet if necessary)

(Continue on separate sheet if necessary)

31.

(Continue on separate sheet if necessary)

2/2/2020

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)?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details:

☐ YES☒ 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?

☐ YES☒ 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?

☒ YES☐ NO

If YES, give details:
RESIGNATION

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?

☐ YES☒ NO

If YES, give details:

☐ YES☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ 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?

☐ YES☒ NO

If YES, please specify:

☐ YES☒ NO

If YES, please specify ID No:


☐ YES☒ NO

If YES, please specify ID No:


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

NAME	ADDRESS	TEL. NO.
MR. MARK ARVIN CAPALLA	SALES COORDINATOR KAWASAKI (CEBU-MANDAUE)	
ENGR. ARTHUR IT. TAMBONG	DEPARTMENT OF AGRICULTURAL ENGINEERING, VISAYAS STATE UNIVERSITY	aitambong@yahoo.com
ESPINA, CLIMACO D. JR.	DEPARTMENT OF MATH AND PHYSICS, VISAYAS STATE UNIVERSITY	dinah_espina@yahoo.com

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.



CRISPINA B. MAZON



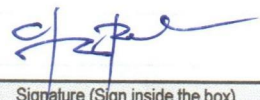
Right Thumbmark

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PHILHEALTH ID

ID/License/Passport No.: 13-250360835-2

Date/Place of Issuance: MAY 2016/DUMAGUETE CITY




Signature (Sign inside the box)

DECEMBER 04, 2020

Date Accomplished

SUBSCRIBED AND SWORN to before me this 09 DEC 2020, affiant exhibiting his/her validly issued government ID as indicated above.



ATTY. RYSA C. GUINOCOR

PERSON ADMINISTERING OATH

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