

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	Estallo		
FIRST NAME	Chizka Mae	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Martinez		
3. DATE OF BIRTH (mm/dd/yyyy)	05/31/1993	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	WLPH, Baybay, Leyte	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	☐ Male ☒ Female		
6. CIVIL STATUS	☒ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.00	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	1.00		Subdivision/Village Barangay
9. BLOOD TYPE	A-		City/Municipality Province
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	18. PERMANENT ADDRESS	
13. SSS NO.	N/A	ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	N/A		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	V01248		City/Municipality Province
		19. TELEPHONE NO.	(1
		20. MOBILE NO.	1
		21. E-MAIL ADDRESS (if any)	chizkamae.martinez@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	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MARTINEZ			
FIRST NAME	CESAR	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CORNELIO			
25. MOTHER'S MAIDEN NAME	AMALIA CAÑETE SABIJON			
SURNAME	MARTINEZ			
FIRST NAME	AMALIA			
MIDDLE NAME	SABIJON		(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	N/A						
SECONDARY	N/A						
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/06/2024
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Seminar for Electronic Remittance File (ERF) GSIS Handler	12/12/2022	12/12/2022	3	Technical	ODAHMS VSU / GSIS Maasin
	Law and Rules on Governance Expenditures (LARGE)	09/13/2022	09/16/2022	32	Technical	Commission on Audit Region VIII
	Briefing on Documentary Stamp Tax through "Constructive Stamping or Receipt System	07/26/2022	07/26/2022	4	Technical	Bureau of Internal Revenue
	Hands-Only Cardiopulmonary Resuscitation	07/21/2022	07/22/2022	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Awareness Webinar on Data Privacy Act of 2012	07/04/2022	07/04/2022	4	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	N/A		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/06/2024
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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)?		☐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: _____													
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) <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>JENNIFER E. ANDO</td><td>VSU-RSPPRO</td><td>9367356354</td></tr><tr><td>NICK FREDDY R. BELLO</td><td>VSU-Accounting Office, Baybay City, Leyte</td><td>9292255015</td></tr><tr><td>HONEY SOFIA V. COLIS</td><td>VSU-ODHRM</td><td>9176341490</td></tr></table>				NAME	ADDRESS	TEL. NO.	JENNIFER E. ANDO	VSU-RSPPRO	9367356354	NICK FREDDY R. BELLO	VSU-Accounting Office, Baybay City, Leyte	9292255015	HONEY SOFIA V. COLIS	VSU-ODHRM	9176341490
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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.		ID picture taken within the last 6 months 3.5 cm x 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable PHOTO Right Thumbmark													
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i> Government Issued ID: N/A ID/License/Passport No.: N/A Date/Place of Issuance: N/A		Signature (Sign inside the box) 02/06/2024 Date Accomplished													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath															