

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

I. PERSONAL INFORMATION

2. SURNAME	RACONDAY			
FIRST NAME	ALIZA RHONA		NAME EXTENSION (JR., SR)	
MIDDLE NAME	ALGODON			
3. DATE OF BIRTH (mm/dd/yyyy)	11/13/1997	16. CITIZENSHIP	<input type="checkbox"/> Filipino <input checked="" type="checkbox"/> FILIPINO <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by natural Pls. indicate country:	
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.		
5. SEX	<input type="checkbox"/> Male FEMALE <input type="checkbox"/> Female			
6 CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s: SINGLE	17. RESIDENTIAL ADDRESS	NATIONAL HIGHWAY/ House/Block/Lot No. Street MACABLING Subdivision/Village Barangay SANTA ROSA LAGUNA City/Municipality Province	
7. HEIGHT (m)	1.59m	ZIP CODE	4026	
8. WEIGHT (kg)	71kg			
9. BLOOD TYPE	O		18. PERMANENT ADDRESS	INDEPENDENCE STR House/Block/Lot No. Street POBLACION Subdivision/Village Barangay MAHAPLAG LEYTE City/Municipality Province
10. GSIS ID NO.	NA			
11. PAG-IBIG ID NO.	1212-5869-6665	ZIP CODE	6512	
12. PHILHEALTH NO.	13-250660749-7			
13. SSS NO.	06-4355799-4	19. TELEPHONE NO.	NA	
14. TIN NO.	764-548-172	20. MOBILE NO.	09691452768	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	ralizarhona@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH
FIRST NAME		NAME EXTENSION (JR., SR)	NA	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	RACONDAY			
FIRST NAME	RONILO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BORJA			
25. MOTHER'S MAIDEN NAME	ELSA O. ALGODON			
SURNAME	RACONDAY			

FIRST NAME	ELSA					
MIDDLE NAME	ALGODON		(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/	YEAR GRADUATED
			From	To	UNITS EARNED	
ELEMENTARY	MAHAPLAG CENTRAL SCHOOL					2009
SECONDARY	MAHAPLAG NATIONAL HIGH SCHOOL					2013
VOCATIONAL /	NA					
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE				2019
GRADUATE STUDIES	NA					
(Continue on separate sheet if necessary)						
SIGNATURE			DATE		February 18, 2022	

against

CSC use only)

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REET

l (mm/dd/yyyy)

SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
HIGH HONOR SALUTAT ORIAN
VALEDICT ORIAN