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 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. (Do not fill up. For CSC use only) I. PERSONAL INFORMATION 2. SURNAME GUILLEN NAME EXTENSION (JR., SR) FIRST NAME ALYZZA JIREH GABRIELLE DOMINGUIANO MIDDLE NAME 3. DATE OF BIRTH 3/31/1998 16. CITIZENSHIP ☐ Dual Citizenship ✓ Filipino (mm/dd/yyyy) □ by birth □ by naturalization DAVAO CITY If holder of dual citizenship, 4. PLACE OF BIRTH Pls. indicate country: please indicate the details 5. SEX ☐ Male ✓ Female ▼ P-4A ✓ Single 17. RESIDENTIAL ADDRESS Married 6 CIVIL STATUS House/Block/Lot No Street ■ Widowed Separated HINAPOYAN Other/s: Subdivision/Village Barangay CARMEN SURIGAO DEL SUR 7. HEIGHT (m) 1.52 m City/Municipality Province 8. WEIGHT (kg) ZIP CODE 8315 40 kg P-4A 18. PERMANENT ADDRESS 9. BLOOD TYPE 0 House/Block/Lot No Street HINAPOYAN 10. GSIS ID NO. N/A Subdivision/Village Barangay CARMEN SURIGAO DEL SUR 11. PAG-IBIG ID NO. 121315114557 City/Municipality Province 182509643599 ZIP CODE 8315 12. PHILHEALTH NO. 13 SSS NO 08-2882019-0 19 TELEPHONE NO N/A 14. TIN NO. 775-705-369-00000 20. MOBILE NO. 0921-593-3427 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) aguillen691@gmail.com II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) (mm/dd/yyyy) NAME EXTENSION (JR., SR) N/A FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME **GUILLEN** NAME EXTENSION (JR., SR) FIRST NAME GABRIEL CHRISTOPHER MIDDLE NAME **DE LEON** 25. MOTHER'S MAIDEN NAME SURNAME **DOMINGUIANO** FIRST NAME MARIA LIZA MIDDLE NAME **REMOLANO** (Continue on separate sheet if necessary) **EDUCATIONAL BACKGROUND** SCHOLARSH HIGHEST LEVEL/ UNITS EARNED PERIOD OF YEAR GRADUATE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ATTENDANCE ACADEMIC LEVEL (Write in full) (Write in full) (if not graduated) D HONORS From Τo RECEIVED ELEMENTARY **CANTILAN PILOT SCHOOL** PRIMARY EDUCATION 6/0/2004 3/0/2010 2010 N/A 5TH SECONDARY SURIGAO DEL SUR STATE UNIVERSITY HIGH SCHOOL 6/0/2010 3/0/2014 2014 HONOR VOCATIONAL / N/A TRADE COURSE BACHELOR OF SCIENCE IN CUM COLLEGE VISAYAS STATE UNIVERSITY 6/15/2018 2018 AGRICULTURE LAUDE GRADUATE STUDIES Suillen SIGNATURE DATE February 21, 2023

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IV. CIVIL S	SERVICE ELIC	GIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF				LICENSE (if a	
SPECIAL LAWS/ CES/ CSEE			(If Applicable)	CONFERMENT	EXAMINATION / PLACE OF EXAMINATION CONFERMENT			NUMBER	Date of Validity
LICENSED AGRICULTURIST 82.3			NOV. 5-7, 2019	TACLOBAN	TACLOBAN CITY, LEYTE			12/04/2019 03/31/2025	
CIVIL SERVICE - HONOR GRADUATE ELIGIBILITY N/A			N/A	JUN. 15, 2019	TACLOBAN	TACLOBAN CITY, LEYTE			N/A
			(Conti	nue on separate shee	t if necessary)				
	EXPERIENC	E ent. Start from your rec	ent work) Descrip	otion of duties sho	uld be indicated in the	attached W	ork Experien	ce sheet.	
28. INCLU	JSIVE DATES	POSITION T			NCY / OFFICE / COMPANY		SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
(mn From	m/dd/yyyy) To	(Write in full/Do not		(Write in full)	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)	
1/6/2021	6/30/2022	PLANT BREEDER S AGRICULTURAL TEC			ULTURE OFFICE , LOCAL CARMEN, SURIGAO DEL	P 11,000.00	N/A	CONTRACT OF SERVIC	Y
9/19/2022	2/1/2023	PART-TIME INST			TATE UNIVERSITY	P18,720.00	N/A	PART-TIME	Υ
			(Conti	nue on separate shee	t if necessary)				
SIGNA	ATURE	Suille		Jopanaco Giiet	DATE		February 21, 2	023	
		U	CS FORM 22 (Rev						Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PE						LUNTARY ORGANIZATION/S
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK	
N/A		FIOIII	10			
VII. LEARNING AND DE	EVELOPMENT (L&D) L		on separate she			ENDED
TITLE OF LEADNING	S AND DEVELOPMENT	INCLUSIVE	DATES OF	MINOTAL	Type of LD	
30. INTERVENTIONS/TI	RAINING PROGRAMS e in full)	ATTEN (mm/d	DANCE d/yyyy) To	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
PRODUCTION OF HIGH QU SEED CERTIFICATION AND	FARM MECHANIZATION	7/4/2021	10/0/2021	96 HOURS	TECHNICAL	TECHNICAL EDUCATION AND SKILLS DVELOPMENT AUTHORITY
TRAINING COURSE ON VARIETY (OPV) CORN SEE CERTIFICATION FOR S	ED PRODUCTION AND	4/18/2022	4/20/2021	24 HOURS	TECHNICAL	BUREU OF PLANT INDUSTRY
REFRESHER COURSE O DISEASES MANAGEMENT EXTENSION WOR	FOR AGRICULTURAL	5/23/2022	5/27/2022	40 HOURS	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE
VIII. OTHER INFORMAT	TION	(Continue	on separate she	eet if necessa	ry)	
SDECIAL SKILLS and	NON	LACADEMIC DI	STINCTIONS	PECOCNITION	N	MEMBERSHIP IN
HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. ASSOCIATION/ORGANIZATION (Write in full)	
READING			N/A			N/A
		(Continue	on separate she	eet if necessa	ry)	
SIGNATURE	Sa	illen			DATE	February 21, 2023

34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate							
	Bureau or Department where you will be apppointed,							
	a. within the third degree?	☐ YES	▼ NO					
	b. within the fourth degree (for Local Government Unit - Ca	reer Employees\?	YES					
	b. William the local degree (lot becan devernment office ou	rear Employees):	_	NO NO				
			If YES, give deta	iis.				
			-					
35.	a. Have you ever been found guilty of any administrative o	ffense?	☐ YES ☑ NO					
			If YES, give deta					
			-					
	b. Have you been criminally charged before any court?	☐ YES	☑ NO					
		If YES, give details:						
		Date Filed:						
		Status of Case/s:						
-00	Have you ever been convicted of any crime or violation of	any law docree ordinance or						
36.	regulation by any court or tribunal?	arry law, decree, ordinance or	☐ YES	☑ NO				
	regulation by any countor tribunar:		If YES, give details:					
37	Have you ever been separated from the service in any of t	he following modes: resignation						
51.	retirement, dropped from the rolls, dismissal, termination, en		☐ YES ☑ NO If YES, give details:					
	out (abolition) in the public or private sector?	a or term, innorted contract or priceded	ii i ES, give deta	115.				
	, , ,	la affara ha lal collabor de a la alconomica de la collaboración de la collaboración de la collaboración de la		·				
38.	a. Have you ever been a candidate in a national or local el	ection held within the last year (except	☐ YES ☑ NO					
	Barangay election)?		If YES, give details:					
	b. Have you resigned from the government service during	the three (3)-month period before the	☐ YES	✓ NO				
	last election to promote/actively campaign for a national or lo		If YES, give details:					
			Ti i Eo, give detallo.					
39.	Have you acquired the status of an immigrant or permanen	t resident of another country?	☐ YES	☑ NO				
			If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	agna Carta for Disabled Persons (RA						
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)							
2	Are you a member of any indigenous group?	,, p		_				
а	Are you a member or any indigenous group?	YES If YES, please speci	MO NO					
b	Are you a person with disability?							
D	Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:					
	Are you a cale parent?							
С	Are you a solo parent?		YES If YES, please speci	V NO				
			ii i Lo, piease speci					
41.	REFERENCES (Person not related by consanguinity or affinity to a	applicant /appointee)						
	NAME	ADDRESS	TEL. NO.					
	TV WIL	VISAYAS STATE UNIVERSITY,	122.110.					
	JOSE L. BACUSMO, Ph.D.	VISCA, BAYBAY CITY, LEYTE	0968-690-6880					
	EAUGTING B VILL AMAYOR BL D	VISAYAS STATE UNIVERSITY,	0000 500 0074	(6.3)				
	FAUSTINO P. VILLAMAYOR, Ph.D.	VISCA, BAYBAY CITY, LEYTE	0932-582-6874					
	PROF. LUZ MORENO	VISAYAS STATE UNIVERSITY,	0916-423-9381					
		VISCA, BAYBAY CITY, LEYTE						
42.	I declare under oath that I have personally accomplished							
	complete statement pursuant to the provisions of pertine			ALYZZA JIREH GABRIELLE D. GUILLEN				
	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.	samon and to addominant and add	oo wo ming or	111010				
7	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's			.				
	icense, etc.) PLEASE INDICATE ID Number	(•••						
	,	Suillen						
	Covernment Issued ID: PRC	0						
II	D/License/Passport No. 0032784	hox)						
	Signature (Sign inside the Petrolips of Incurrence 42/04/2010 PHTHAN CITY							
Ľ	late/Place of Issuance: 12/04/2019 - BUTUAN CITY	Date Accomplished	-	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this	, affiant ex	hibiting his/her validly is	ssued government ID as indicated above.				
	_			1				
1								
		h						
1		Person Administering Oat	11					