

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	GONZALES			
FIRST NAME	TRIXIA		NAME EXTENSION (JR., SR)	
MIDDLE NAME	PATOLILIC			
3. DATE OF BIRTH (mm/dd/yyyy)	10/05/2001	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	BAYBAY CITY, 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:			
7. HEIGHT (m)	1.52	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street HIGULO-AN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521	
8. WEIGHT (kg)	40		ZIP CODE	
9. BLOOD TYPE	O		18. PERMANENT ADDRESS	House/Block/Lot No. Street HIGULO-AN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
10. GSIS ID NO.				ZIP CODE
11. PAG-IBIG ID NO.				
12. PHILHEALTH NO.	1325-0361-2090			
13. SSS NO.	06-4909127-6	19. TELEPHONE NO.		
14. TIN NO.		20. MOBILE NO.	09380248182	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	trixiapgonzales@gmail.com	

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		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	GONZALES			
FIRST NAME	FLORENCIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PEÑA			
25. MOTHER'S MAIDEN NAME				
SURNAME	PATOLILIC			
FIRST NAME	MA. MYRNA			
MIDDLE NAME	TOREJANO		(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	HIGULOAN ELEMENTARY SCHOOL		JUNE 2008	MARCH 2014		2014	VALEDICTO RIAN
SECONDARY	VISAYAS STATE UNIVERISTY INTEGRATED HIGH SCHOOL	SENIOR HIGH SCHOOL : ACCOUNTANCY, BUSINESS AND MANAGEMENT (ABM)	JUNE 2014	MAY 2020		2020	WITH HONORS
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY MAIN CAMPUS	BACHELOR OF SCIENCE IN STATISTICS	OCTOBER 2020	JUNE 2024		2024	CUM LAUDE
GRADUATE STUDIES							

(Continue on separate sheet if necessary)


SIGNATURE		DATE	January 3, 2025
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[illegible]

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

[illegible]

SIGNATURE		DATE	January 3, 2025
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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			
	VISAYAS STATE UNIVERSITY STATISTICAL SOCIETY- VISCA, BAYBAY CITY, LEYTE	08/16/2023	05/24/2024		SECRETARY	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
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			
	BUSINESS DATA VISUALIZATION USING R SHINY	11/22/2024	11/22/2024	4	TECHNICAL	VISAYAS STATE UNIVERSITY; DEPARTMENT OF STATISTICS
	BOOTSTRAPPING FOR MISSING DATA AND GENERATING SYNTHETIC DATA IN R	11/21/2024	11/21/2024	4.0	TECHNICAL	VISAYAS STATE UNIVERSITY; DEPARTMENT OF STATISTICS
	INTRODUCTION TO TABLEAU	07/15/2024	07/18/2024	2.1	TECHNICAL	SIMPLILEARN
	ON THE JOB TRAINING(OJT)	07/03/2023	08/04/2023	203.5	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY-LEYTE
	DATA APPRECIATION SEMINAR ON SELECTED OFFICIAL STATISTICS AND AWARENESS FORUM ON PHILSYS BIRTH REGISTRATION ASSISTANCE PROJECT(PBRAP), EPHILID, AND PHILSYS STEP 2 REGISTRATION	10/26/2022	10/26/2022	4.0	TECHNICAL	PHILIPPINE STATISTICS AUTHORITY-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)	
	DATA ANALYSIS (R,STATA,PYTHON)					
	ACADEMIC / RESEARCH WRITING					
	READING					
	DATA VISUALIZATION (TABLEAU & R)					
	DATA MANAGEMENT (SQL & R)					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	January 3, 2025	

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>															
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>															
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>															
<p>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?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">End of contract _____</p>															
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>															
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>															
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>															
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. NORBERTO E. MILLA, JR.</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td></td> </tr> <tr> <td>PAULO G. BATIDOR</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td></td> </tr> <tr> <td>RAYMUND IGCASAMA</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DR. NORBERTO E. MILLA, JR.	VISCA, BAYBAY CITY, LEYTE		PAULO G. BATIDOR	VISCA, BAYBAY CITY, LEYTE		RAYMUND IGCASAMA	VISCA, BAYBAY CITY, LEYTE				
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<p>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.</p>																
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto;"></div> <div style="text-align: center; margin-top: 5px;">Person Administering Oath</div>																