

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	MALAZARTE		
FIRST NAME	KARIZZA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	AREJOLA		
3. DATE OF BIRTH (mm/dd/yyyy)	11/9/1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	ANTIPOLO CITY, RIZAL	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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.5	17. RESIDENTIAL ADDRESS	
8. WEIGHT (kg)	44		
9. BLOOD TYPE	O		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	121283446523	18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A		
14. TIN NO.	777-301-976-000		
15. AGENCY EMPLOYEE NO.	N/A	19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09553963196
		21. E-MAIL ADDRESS (if any)	malazartekarizza@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	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	MALAZARTE			
FIRST NAME	BONIFACIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DELA CRUZ			
25. MOTHER'S MAIDEN NAME	AREJOLA			
SURNAME	MALAZARTE			
FIRST NAME	FLORENCIA			
MIDDLE NAME	ROMINA		(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	STA. ROSA, ELEMENTATARY SCHOOL	PRIMARY EDUCATION	7/6/2005	3/4/2011	N/A	2011	HONORABLE MENTION
SECONDARY	MATAG-OB NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	7/4/2011	3/4/2015	N/A	2015	ACHIEVER
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	PALOMPON INSTITUTE OF TECHNOLOGY	BACHELOR OF ARTS IN SECONDARY EDUCATION-MAJOR IN ENGLISH	6/11/2015	5/24/2019	N/A	2019	CUM LAUDE
GRADUATE STUDIES	PIT- GRADUATE SCHOOL	MASTERS OF ARTS IN ENGLISH	8/24/2019	PRESENT	30	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 6, 2022
-----------	--	------	-----------------



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			
	COMPUTER BASIC OPERATION SKILLS TRAINING	01/18/2021	01/29/2021	80.0	TECHNICAL	NORTHERN LEYTE COLLEGE
	GRADUATE SCHOOL BUILDING CAPACITY SEMINAR AND RESEARCH COLLOQUIUM ON LANGUAGE ENGLISH ISSUES IN SENIOR HIGH SCHOOL EDUCATION IN VISAYAS	02/29/2020	02/29.2020	8.0	TECHNICAL	LEYTE NORMAL UNIVERSITY
	BASIC COMPUTER OPERATION	02/18/2021	02/29/2021	80.0	TECHNICAL	PALOMPON INSTITUTE OF TECHNOLOGY
	GLOBALIZATION:INTERDEPENDENCY OF ACIA PACIFIC NATIONS VIS-A-VIS SOUTH CHINA SEA POLITICAL TENSION AND COVID-19 MANAGEMENT	11/10/2021	11/10/2021	2.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	UNDERSTANDING CORPUS LINGUISTICS	9/22/2021	9/22/2021	2.0	TECHNICAL	VISAYAS STATE UNIVERSITY


(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)
	MICROSOFT SKILLS		N/A		N/A
	TEAMWORK				
	PROBLEM SOLVING SKILLS				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 6. 2022
-----------	--	------	-----------------

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)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>ROTHEL UGSAD</td><td>PALOMPON, LEYTE</td><td>9176208602</td></tr><tr><td>RYAN B. PAJARON</td><td>PALOMPON, LEYTE</td><td>9366491819</td></tr><tr><td>MARIGOLD ALOGBATE</td><td>MATAG-OB, LEYTE</td><td>9463634233</td></tr></table>		NAME	ADDRESS	TEL. NO.	ROTHEL UGSAD	PALOMPON, LEYTE	9176208602	RYAN B. PAJARON	PALOMPON, LEYTE	9366491819	MARIGOLD ALOGBATE	MATAG-OB, LEYTE	9463634233
NAME	ADDRESS	TEL. NO.											
ROTHEL UGSAD	PALOMPON, LEYTE	9176208602											
RYAN B. PAJARON	PALOMPON, LEYTE	9366491819											
MARIGOLD ALOGBATE	MATAG-OB, LEYTE	9463634233											
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.													
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PRC LICENSE</div> <div>ID/License/Passport No.: 1810254</div> <div>Date/Place of Issuance: 12/18/2019 TACLOBAN CITY</div>	<div></div> <div>Signature (Sign inside the box)</div> <div></div> <div>Date Accomplished</div>												
<div> PHOTO</div> <div></div> <div>Right Thumbmark</div>													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<div></div> <div>Person Administering Oath</div>													