## 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 applicab 1. CS ID N (Do not fill up. For CSC use only)

	0 7 11 1	( )				, ,,
<i>I.</i> I	PERSONAL INFORI	MATION				
2.	SURNAME	RAZ				
	FIRST NAME	KENNETH				NAME EXTENSION (JR., SR)
	MIDDLE NAME	ABRIL				
3.	DATE OF BIRTH (mm/dd/yyyy)	03/30/2002	16. CITIZENSHIP			
4.	PLACE OF BIRTH	ORMOC, CITY	If holder of dual citizer	nship,		Pls. indicate country:
5.	SEX		please indicate the de	etails.		
6	CIVIL STATUS		17. RESIDENTIAL ADDRE		-	B-7
				Н	louse/Block/Lot No.	Street
					O b di di - di	LIM-AO
					Subdivision/Village KANANGA	<u>Barangay</u> <b>LEYTE</b>
7.	HEIGHT (m)	1.63			Citv/Municipality	Province
8.	WEIGHT (kg)	65	ZIP CODE		653	31
a	BLOOD TYPE	0	18. PERMANENT ADDRE			B-7
J.	BLOOD THE	•		Н	louse/Block/Lot No.	Street
10.	GSIS ID NO.	N/A				LIM-AO
					Subdivision/Village	Barangay
11.	PAG-IBIG ID NO.	121347451159			KANANGA	LEYTE
	DUBLIENTUNO	42.050220054.0	710 0005		City/Municipality	Province
12.	PHILHEALTH NO.	13-050220951-6	ZIP CODE		65	37
13.	SSS NO.	06-4931221-4	19. TELEPHONE NO.		N/.	Α
14.	TIN NO.	656-861-658-00000	20. MOBILE NO.		093803	55968
15.	AGENCY EMPLOYEE NO.	A9027517	21. E-MAIL ADDRESS (if a		razkenneth13	@gmail.com

II. FAMILY BACKGRO	OUND							
22. SPOUSE'S SURNAME	N/A		23. NAME all)	of CHILDREN (	Write full na	me and list	DATE OF B	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)						
MIDDLE NAME	N/A							
OCCUPATION	N/A							
EMPLOYER/BUSINESS NA	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24. ATHER'S SURNAME	RAZ							
FIRST NAME	DOMINADOR	NAME EXTENSION (JR., SR)						
MIDDLE NAME	GARSOTA							
25. MOTHER'S MAIDEN NAME								
SURNAME	ABRIL							
FIRST NAME	MA. ANA							
MIDDLE NAME	REBUYAS			(Continue	on separat	e sheet if n	ecessary)	
III. EDUCATIONAL B.	ACKGROUND							
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DI COURSE	EGREE/	PERIOD OF ATT	TENDANCE	LEVEL/ UNITS	YEAR	SCHOLAR SHIP/ ACADEMIC
	(Write in full)	(Write in full)		From	То	EARNED (if not	RADUATED	HONORS RECEIVED
ELEMENTARY	LIM-AO ELEMENTARY SCHOOL	PRIMARY EDUCAT	ION	2008	2014		2014	N/A
SECONDARY	LIM-AO NATIONAL HIGHSCHOOL	TECHNICAL VOCATIONAL LIV PROGRAM (AGRI-CROP PRO		2014	2020		2020	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A		N/A	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIE		2020	2024		2024	N/A
GRADUATE STUDIES	N/A	N/A		N/A	N/A		N/A	N/A
	(0	Continue on separate shee	t if necessa	ary)	•	- -	•	•
SIGNATURE				DAT	Έ	FE	BRUARY 01, 2	2025

		A 1080 (BOARD/ BAR) LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION /	DI ACE OF EVANINAT		EDMENT	LICENSE (if	applicable)
		TY / DRIVER'S LICENSE	(If Applicable)	CONFERMENT	PLACE OF EXAMINAT	ION / CONFI	ERIVIENT	NUMBER	Date of Validity
			(Continue	on separate sheet	if necessary)				
28. INC	orivate employ LUSIVE DATES (mm/dd/yyyy)	POSITION (Write in full/Do no	TITLE	DEPARTMENT CO	of duties should be / AGENCY / OFFICE / DMPANY	MONTHLY SALARY	JOB/ PAY GRADE (if applicable)& STEP	STATUS OF APPOINTMEN	GOV'T SERVICE
From	То	·	·	(vvrite in full/Do not appreviate)			(Format "00-0")/	Т	(Y/ N)
12/2/2024	05/17/2024	IT TECHNICIA ENCOD		LOCAL GOVERNMENT UNIT KANANGA		N/A		ON TH JOB TRAINING	Υ
09/16/2024	1/3/2025	TIMEKEE	PER	FIRST B	ALFOUR INC.	12336.00		CONTRACTU AL	N
	+								

		<u> </u>		-			
		/O-matinus	on separate sheet	if management			
SIGNAT	TURE	Continue	un separate sneet	DATE	FEBRUA	RY 01, 2025	
0.0.171	J.,					212 (Revised 201)	

VI. VOLUNIARY WORK OR INVOLVEM	ENT IN CIVIO	C / NON-GOV	ERNMENT	/ PEOPLE /	VOLUNTARY ORGANIZATIO	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	From	То				
N/A						
	(Continue or	l n separate sheet i	f management			
					ATTENDED	
(Start from the most recent L&D/training program an Managarial positions)  30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN			Type of LD ( Managerial/ Supervisory/	years for Division Chief/Executive/ CONDUCTED/ SPONSORED BY	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE ATTEN	e relevant L&D/tra E DATES OF NDANCE	ining taken for	Type of LD (Managerial/	years for Division Chief/Executive/	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN (mm/c	e relevant L&D/tra E DATES OF IDANCE Id/vvvv)	ining taken for	Type of LD ( Managerial/ Supervisory/	years for Division Chief/Executive/ CONDUCTED/ SPONSORED BY	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)  Construction Occupational Safety and Health	INCLUSIVE ATTEN (mm/c From	e relevant L&D/tra E DATES OF IDANCE Id/vvvv) To	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	conducted/ sponsored by (Write in full)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)  Construction Occupational Safety and Health (COSH) Training SO2	INCLUSIVE ATTEN (mm/c From 6/8/2024	e relevant L&D/tra E DATES OF NDANCE Id/vvvv) To 9/8/2024	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)  SERENDIPITY	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)  Construction Occupational Safety and Health (COSH) Training SO2	INCLUSIVE ATTEN (mm/c From 6/8/2024	e relevant L&D/tra E DATES OF NDANCE Id/vvvv) To 9/8/2024	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)  SERENDIPITY	
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30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)  Construction Occupational Safety and Health (COSH) Training SO2	INCLUSIVE ATTEN (mm/c From 6/8/2024	e relevant L&D/tra E DATES OF NDANCE Id/vvvv) To 9/8/2024	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)  SERENDIPITY	

	(Continue or	n separate sheet if	necessary)		
VIII. OTHER INFORMATION					
31. SPECIAL SKILLS and HOBBIES	NON-AC	ADEMIC DISTINCT (Write in t		NITION	33 MEMBERSHIP IN ASSOCIATION/ ORGANIZATION (Write in full)
COMPUTER ORIENTED					
LOVE WATCHING ANIME					
PLAYING ONLINE GAMES					
	(Continue or	n separate sheet if	necessary)		
SIGNATURE			DA	ATE	FEBRUARY 01, 2025
					,

34.	Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate supervision Bureau or Department where you will be apppointed,	
	a. within the third degree?	
	b. within the fourth degree (for Local Government Unit - Career	
		If YES, give details:
35.	a. Have you ever been found guilty of any administrative offense?	
		If YES, give details:
	b. Have you been criminally charged before any court?	
		If YES, give details:
		Date
		tatus 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?	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	If YES, give details:
38	the public or private sector?  a. Have you ever been a candidate in a national or local election held	
00.	within the last year (except Barangay election)?	YES, give details:
	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, give details:
39.	Have you acquired the status of an immigrant or permanent resident of another country?	If YES, give details (country):

40. Pursuant to: (a) Indigenous People's Act (RA for Disabled Persons (RA 7277); and (c) Solo 2000 (RΔ 8072), places answer the following Are you a member of any indigenous group?	Parents Welfare Act of	If YES, please specify:				
Are you a person with disability?						
A	If YES, please specify ID No:					
Are you a solo parent?	If YES, please s	specify ID No:				
	ii 123, piease s	specify ID No.				
41. REFERENCES (Person not related by consanguinity or	affinity to applicant /appointee)					
NAME	ADDRESS	TEL. NO.				
HON. WILLIAM C. FLORENTINO	Brgy. Lim-ao, Kananga, Leyte	92730102235				
42. I declare under oath that I have personally ac	complished this Personal D	Data Sheet wh				
42. I declare under oath that I have personally ac	complished this Personal D	Pata Sheet wh				
<sup>42.</sup> I declare under oath that I have personally ac	complished this Personal D	Pata Sheet wh	PHOTO			
<sup>42.</sup> I declare under oath that I have personally ac	complished this Personal D	ata Sheet wh	РНОТО			
<sup>42.</sup> I declare under oath that I have personally ac	complished this Personal D	Pata Sheet wh	РНОТО			
42. I declare under oath that I have personally ac  Government Issued ID (i.e.Passport, GSIS, SSS, PRC,	complished this Personal D	ata Sheet wh	РНОТО			
	complished this Personal D	Pata Sheet wh	РНОТО			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC,	complished this Personal D	Pata Sheet wh	РНОТО			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  Government Issued I  TIN			РНОТО			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  Government Issued I  ID/License/Passport   656-861-658-00000	Signature (Sign inside		РНОТО			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  Government Issued I  TIN		le the box)	PHOTO  Right Thumbmark			

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Person Administering Oath	

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