

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	PARAC		
FIRST NAME	ALDWIN PAUL		NAME EXTENSION (JR., SR)
MIDDLE NAME	MEROY		
3. DATE OF BIRTH (mm/dd/yyyy)	08/29/1995	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	ORMOC CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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:	17. RESIDENTIAL ADDRESS	MAHOGANY DORMITORY House/Block/Lot No. Street VISCA PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	5'5	18. PERMANENT ADDRESS	D62 ACACIA House/Block/Lot No. Street LIDE STAFFHOUSING LIBERTAD Subdivision/Village Barangay ISABEL LEYTE City/Municipality Province ZIP CODE 6539
8. WEIGHT (kg)	65	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	A+	20. MOBILE NO.	09975516817
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	aldwindwin@gmail.com/aldwin.parac@vsu.edu.ph
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A		
14. TIN NO.	013676213		
15. AGENCY EMPLOYEE NO.	N/A		

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			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PARAC			
FIRST NAME	PABLO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DONATO			
25. MOTHER'S MAIDEN NAME	MEROY			
SURNAME	PARAC			
FIRST NAME	MA. CONCEPCION			
MIDDLE NAME	MEROY			

(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	LIDE LEARNING CENTER INC.	ELEMENTARY				2008	N/A
SECONDARY	LIDE LEARNING CENTER INC.	SECONDARY				2012	N/A
VOCATIONAL / TRADE COURSE	-	-	-	-	-	-	-
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE				2017	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTERS OF SCIENCE IN HORTICULTURE			2ND YEAR	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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IV. CIVIL SERVICE ELIGIBILITY


27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
DRIVERS LICENSE		1/17/2019	BAYBAY	116235821	08/29/23
AGRICULTURIST		2/28/2018	TACLOBAN	0027403	08/29/21


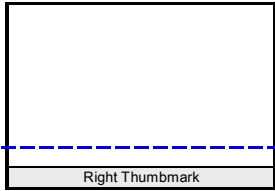

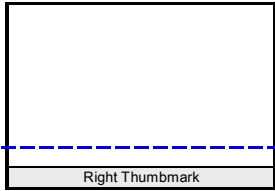

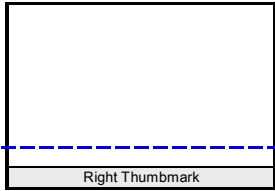
*(Continue on separate sheet if necessary)***V. WORK EXPERIENCE***(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
08/01/2018	05/30/2020	Graduate Teaching Assistant	Visayas State University	9000.00		part-time	y

(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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			
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			
2nd Regional Conference of the Society of Agricultural Educators in Region 8, Inc. (SAER 8)	21/06/2019	21/06/2019	8 hours	Technical	SAER 8 and Visayas State University
19th International Conference on Nature Studies and Innovations for the Environment (ICoNSIE 2019)	02/07/2019	06/07/2019	40 hours	Technical	PSSN and Palawan State University
Organic Agriculture Production NC II	06/05/2019	26/05/2019	256 hours	Technical	GOLD Farm and TESDA
AAACU 22nd Biennial Conference and General Assembly	16/10/2018	18/10/2018	24 hours	Technical	AAACU and Visayas State University
ATI Crop Protection in Vegetable Production Seminar	15/10/2019	15/10/2019	8 hours	Technical	Agricultural Training Institute (ATI-RTC 8)
ATI Training on Sustainable Agriculture	06/08/2019	08/08/2019	24 hours	Technical	Agricultural Training Institute (ATI-RTC 8)
• Production System and Meat Processing from Organically Grown Native Pig and Chicken	11/03/2020	11/03/2020	4 hours	Technical	Bureau Agricultural Research
Mushroom Production	08/19/2020	08/19/2021	4 hours	Technical	Agricultural Training Institute (ATI-RTC 3)
Hydroponic Production	08/20/2020	08/20/2021	4 hours	Technical	Agricultural Training Institute (ATI-RTC 3)
Herb and Spices Production	08/21/2020	08/21/2021	4 hours	Technical	Agricultural Training Institute (ATI-RTC 3)
(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)	
(Continue on separate sheet if necessary)					
SIGNATURE				DATE	

<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> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>REV. GORGONIO S. BALISTA</td> <td>LIBERTAD, ISABEL, LEYTE</td> <td>9268088674</td> </tr> <tr> <td>DR. ROSARIO A. SALAS</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td>9088732033</td> </tr> <tr> <td>DR. ZENaida C. GONZAGA</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td>9176320387</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	REV. GORGONIO S. BALISTA	LIBERTAD, ISABEL, LEYTE	9268088674	DR. ROSARIO A. SALAS	VISCA, BAYBAY CITY, LEYTE	9088732033	DR. ZENaida C. GONZAGA	VISCA, BAYBAY CITY, LEYTE	9176320387
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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; text-align: center;"> <p>Person Administering Oath</p> </div>													