

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	VALENZONA		
FIRST NAME	ALEMAR	NAME EXTENSION (JR., SR)	
MIDDLE NAME	NAPOLIS		
3. DATE OF BIRTH (mm/dd/yyyy)	07/12/1993	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, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	165	ZIP CODE	House/Block/Lot No. Street GABAS
8. WEIGHT (kg)	51		Subdivision/Village Barangay BAYBAY LEYTE
9. BLOOD TYPE			City/Municipality Province 6521-A
10. GSIS ID NO.	N.A.		
11. PAG-IBIG ID NO.	1212-0194-1867	18. PERMANENT ADDRESS	
12. PHILHEALTH NO.	01-025468572-6	ZIP CODE	House/Block/Lot No. Street PANGASUGAN
13. SSS NO.	N.A.		Subdivision/Village Barangay BAYBAY LEYTE
14. TIN NO.	478-192-284-000		City/Municipality Province 6521-A
15. AGENCY EMPLOYEE NO.	N.A.		
19. TELEPHONE NO.	N.A.	20. MOBILE NO.	09504441319
21. E-MAIL ADDRESS (if any)	alemarnvalenzona@gmail.com		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	VALENZONA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	VALERIE	NAME EXTENSION (JR., SR)	ALEANNA MARRIE C. VALENZONA	12/01/2015
MIDDLE NAME	CIRCULADO			
OCCUPATION	COLLECTING OFFICER			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.	565-0600 local 1011			
24. FATHER'S SURNAME	VALENZONA			
FIRST NAME	ALEJANDRO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	OQUIAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	NAPOLIS			
FIRST NAME	MARIA LOURDES			
MIDDLE NAME	TABARANZA		(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	GABAS ELEMENTARY SCHOOL	PRIMARY	06/01/2000	03/30/2006	GRADUATED	2006	NONE
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY	06/01/2006	03/30/2010	GRADUATED	2010	NONE
VOCATIONAL / TRADE COURSE	CALUBIAN NATIONAL VOCATIONAL SCHOOL	ORGANIC VEGETABLE PRODUCTION leading to HORTICULTURE NC II	11/04/2014	12/03/2014	GRADUATED	2014	NONE
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE

DATE

September 05, 2025

IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(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.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

DATE

September 05, 2025

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED






[illegible]

(Continue on separate sheet if necessary)

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Farming/Gardening		N.A.		N.A.
	Driving Skills		N.A.		N.A.

(Continue on separate sheet if necessary)

SIGNATURE		DATE	September 05, 2025
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<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 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: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>ED ALLAN L. ALCOBER</td> <td>VSU, Visca, Baybay City, Leyte</td> <td>565-0600 local 1013</td> </tr> <tr> <td>BERTA C. RATILLA</td> <td>VSU, Visca, Baybay City, Leyte</td> <td>565-0600 local 1013</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	ED ALLAN L. ALCOBER	VSU, Visca, Baybay City, Leyte	565-0600 local 1013	BERTA C. RATILLA	VSU, Visca, Baybay City, Leyte	565-0600 local 1013						
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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="border: 1px solid black; width: 300px; height: 30px; margin: 10px auto; text-align: center;"> Person Administering Oath </div>																