

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	CENIZA		
FIRST NAME	CHRISTIAN		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	PACABIS		
3. DATE OF BIRTH (mm/dd/yyyy)	12/16/1999	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	ISABEL, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Philippines ▼	
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	N/A House/Block/Lot No. _____ Street _____ N/A Subdivision/Village _____ Barangay _____ ISABEL LEYTE City/Municipality _____ Province _____
7. HEIGHT (m)	156 m	ZIP CODE	6539
8. WEIGHT (kg)	48 kg	18. PERMANENT ADDRESS	N/A House/Block/Lot No. _____ Street _____ N/A Subdivision/Village _____ Barangay _____ ISABEL LEYTE City/Municipality _____ Province _____
9. BLOOD TYPE	N/A	ZIP CODE	6539
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1213-0810-1024	20. MOBILE NO.	09773606431 / 09355937219
12. PHILHEALTH NO.	13-202847433-8	21. E-MAIL ADDRESS (if any)	christianpceniza@gmail.com
13. SSS NO.	35-1499536-5		
14. TIN NO.	615-079-270-00000		
15. AGENCY EMPLOYEE NO.	PC1950		

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	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	CENIZA			
FIRST NAME	ALBERO	NAME EXTENSION (JR., SR) SR		
MIDDLE NAME	GONZALES			
25. MOTHER'S MAIDEN NAME	JERLITA TABON PACABIS			
SURNAME	CENIZA			
FIRST NAME	JERLITA			
MIDDLE NAME	PACABIS			

(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	LIBERTAD ELEMENTARY SCHOOL	ELEMENTARY	2006	2012	N/A	2012	N/A
SECONDARY	MATLANG NATIONAL HIGH SCHOOL	HIGH SCHOOL	2012	2018	N/A	2018	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY - ISABEL	BACHELOR OF SECONDARY EDUCATION - MATHEMATICS	2018	2022	N/A	2022	TES/ CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE



DATE


March 3, 2025

OLUNTARY

(Continue on separate sheet if necessary)

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

(Continue on separate sheet if necessary)



March 3, 2025

POSITION / NATURE OF WORK

REFREE VOLLEYBALL

(Continue on separate sheet if necessary)

CONDUCTED/ SPONSORED BY
(Write in full)

GOOGLE CLASSROOM (ONLINE)

ZOOM (ONLINE)

TACLOBAN CITY, LEYTE

NOTHING FOLLOWS

(Continue on separate sheet if necessary)

32. **NON-ACADEMIC DISTINCTIONS / RECOGNITION**
(Write in full)

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(Write in full)

33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
(Write in full)

AREA 4 PROVINCIAL MEET REPRESENTATIVE 2015 (VOLLEYBALL)

Philippine Association for Teachers and Educators (PAFTE)

NOTHING FOLLOWS

NOTHING FOLLOWS

*****NOTHING FOLLOWS*****

SIGNATURE

DATE _____

March 3, 2025

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)?

☐ YES ☒ NO
☐ YES ☒ NO
If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense?
b. Have you been criminally charged before any court?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ NO
If YES, give details: _____
Date Filed: _____
Status 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?

☐ YES ☒ NO
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 the public or private sector?

☒ YES ☐ NO
If YES, give details: **RESIGNATION**

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?

☐ YES ☒ NO
If YES, give details: _____
☐ YES ☒ NO
If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ NO
If YES, give details (country): _____

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?

☐ YES ☒ NO
If YES, please specify: _____
☐ YES ☒ NO
If YES, please specify ID No: _____
☐ YES ☒ NO
If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
JANELYN N. SUMILAC	ANISLAG, ISABEL, LEYTE	9397720288
DENVINZ MARIE T. BOHOLST	POBLACION, MERIDA, LEYTE	9777170499
SHEINAH P. ECHICA	LIBERTAD, ISABEL, LEYTE	9659445426



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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC
ID/License/Passport No.: 2056610
Date/Place of Issuance: 06-16-2023 / ORMOC CITY, LEYTE

Christian P. Ceniza

Signature (Sign inside the box)
March 3, 2025
Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this

07 MAR 2025

ATTY. JOHANNA CASS A. LICUP
Notary Public

Commission Number: ORM-24-12-038-NC
Valid until December 31, 2026
City of Ormoc, Municipalities of Cananga, Matag-ob, Merida and Isabel, Leyte

Personal Ministering Oath
IRP Receipt No. 301181, C-72611, Quezon City Chapter
PTP Receipt No. 8706057, 13-Jan-2025, Isabel, Leyte

