

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	GARRIDO			
FIRST NAME	ARJAY		NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	MADREDIJO			
3. DATE OF BIRTH (mm/dd/yyyy)	12/29/1994	16. CITIZENSHIP	Pls. indicate country:	
4. PLACE OF BIRTH	ILIHAN, MACROHON SOUTHERN LEYTE	If holder of dual citizenship, please indicate the details.		
5. SEX	Male			
6 CIVIL STATUS	Single	17. RESIDENTIAL ADDRESS	ESTRELLA	
			House/Block/Lot No. Street	
			Subdivision/Village Barangay	
			MACROHON SOUTHERN LEYTE	
			City/Municipality Province	
7. HEIGHT (m)	1.685 M		6601	
8. WEIGHT (kg)	69 KG			
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	ESTRELLA	
			House/Block/Lot No. Street	
			ILIHAN	
			Subdivision/Village Barangay	
			MACROHON SOUTHERN LEYTE	
			City/Municipality Province	
10. GSIS ID NO.	N/A		6601	
11. PAG-IBIG ID NO.	N/A			
12. PHILHEALTH NO.	N/A			
13. SSS NO.	34-5451656-1	19. TELEPHONE NO.	09466949429	
14. TIN NO.	476-570-589	20. MOBILE NO.	09466949429	
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	akocarjaygarrido@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			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GARRIDO			
FIRST NAME	ROMMEL	SR.		
MIDDLE NAME	TRIPOLI			
25. MOTHER'S MAIDEN NAME	GARRIDO			
SURNAME	MADREDIJO			
FIRST NAME	MARIETTA			
MIDDLE NAME	ZAPANTA		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	(Write in full)	ATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	ICHON, ELEMENTARY, SCHOOL	Primary	2001	2007	GRADUATE	2007	N/A
SECONDARY	ICHON, NATIONAL, HIGH SCHOOL	Secondary	2007	2011	GRADUATE	2011	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ANIMAL SCIENCE	2011	2015	GRADUATE	2015	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 30, 2024
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#### 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)

<b>SIGNATURE</b>		<b>DATE</b>	May 30, 2024
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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)	(mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
	From	To			
N/A					
29/10/2020					
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. NAME OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	DUCTED/ SPONSORED BY (Write in full)
	From	To			
Training on the Recognition of Priority and Emerging Animal Diseases.	3/1/2023	03/03/2023	24	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE
PRODUCTION OF HIGH QUALITY INBRED RICE, SEED CERTIFICATION AND FARM MECHANIZATION	10/10/2020	12/29/2020	94	TECHNICAL	HAPPY FARM/TESDA
AGRICULTURAL SUSTAINABILITY INITIATIVES(ASI) PROGRAM AND AGRI-KLINIC	06/28/2019	06/29/2019	16	TECHNICAL	DEPARTMENT OF AGRICULTURE
BEE TELLS THEIR SECRET: TRAINING ON BASIC BEEKEEPING	09/25/2018	09/27/2018	24	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE
MIX'EM UP: ORGANIC FEED FORMULATION	04/17/2018	04/19/2018	24	TECHNICAL	AGRICULTURAL TRAINING INSTITUTE
(Continue on separate sheet if necessary)					
VIII. OTHER INFORMATION					
31. SPECIAL SKILLS and HOBBIES	32. ACHIEVEMENTS / RECOGNITION (Write in full)		33. INSTITUTION/ORGANIZATION (Write in full)		
BASKETBALL	N/A		ALPHA KAPPA RHO frat/sor		
TABLE TENNIS					
COMPUTER LITERACY					
COMMUNICATION					
FARMING					
(Continue on separate sheet if necessary)					
SIGNATURE			DATE		May 30, 2024

<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>If YES, give details: _____</p> <p>_____</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>If YES, give details: _____</p> <p>_____</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>If YES, give details: _____</p> <p>_____</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>If YES, give details: _____</p> <p style="text-align: right;">finish contract</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>If YES, give details: _____</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>If YES, give details (country): _____</p> <p>_____</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>If YES, please specify: _____</p> <p>If YES, please specify ID 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>JUANITO V. MILLAN</td> <td>BAGONG SILANG, MACROHON SOUTHERN LEYTE</td> <td>9358143699</td> </tr> <tr> <td>KRISTA R. PEREZ</td> <td>LOWER VILLA JACINTA, MACROHON, SOUTHERN LEYTE</td> <td>9107884444</td> </tr> <tr> <td>ISABEL A. ENRIQUEZ</td> <td>SAN ROQUE, MACROHN, SOUTHERN LEYTE</td> <td>9163204555</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	JUANITO V. MILLAN	BAGONG SILANG, MACROHON SOUTHERN LEYTE	9358143699	KRISTA R. PEREZ	LOWER VILLA JACINTA, MACROHON, SOUTHERN LEYTE	9107884444	ISABEL A. ENRIQUEZ	SAN ROQUE, MACROHN, SOUTHERN LEYTE	9163204555
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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>													

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: <b>PRC</b>
ID/License/Passport No.: <b>0028809</b>
Date/Place of Issuance: <b>02/15/18, TACLOBAN</b>

Signature (Sign inside the box)
Date Accomplished

PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath