

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	PIAMONTE		
FIRST NAME	RAIZEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MEANO		
3. DATE OF BIRTH (mm/dd/yyyy)	3/5/1998	16. CITIZENSHIP	FILIPINO
4. PLACE OF BIRTH	BRGY. PANGASUGAN BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	FEMALE		
6 CIVIL STATUS	MARRIED	17. RESIDENTIAL ADDRESS	
		House/Block/Lot No.	Street
			PANGASUGAN
		Subdivision/Village	Barangay
		BAYBAY CITY	LEYTE
		City/Municipality	Province
7. HEIGHT (m)	1.59	ZIP CODE	06521
8. WEIGHT (kg)	79		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	
		House/Block/Lot No.	Street
			PANGASUGAN
		Subdivision/Village	Barangay
		BAYBAY CITY	LEYTE
		City/Municipality	Province
10. GSIS ID NO.		ZIP CODE	06521
11. PAG-IBIG ID NO.	1212-1482-8050		
12. PHILHEALTH NO.	13-025317502-9		
13. SSS NO.	06-4343455-7	19. TELEPHONE NO.	N/A
14. TIN NO.	477-786-280	20. MOBILE NO.	0977 244 9986
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	raizel.piamonte@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	PIAMONTE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	PATRICK JOHN	NAME EXTENSION (JR., SR)	XANDER UZIEL M. PIAMONTE	8/14/2013
MIDDLE NAME	BELARMINO		XAVIER UZIEL M. PIAMONTE	1/7/2022
OCCUPATION	LABORATORY TECHNICIAN		EDUARD DUANE M. CAMINONG	8/3/2004
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.	9261272386			
24. FATHER'S SURNAME	MEANO			
FIRST NAME	EDUARD	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MODINA			
25. MOTHER'S MAIDEN NAME	ASODISEN			
SURNAME	MEANO			
FIRST NAME	LUNA NGUYEN			
MIDDLE NAME	DELOS REYES			

(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	VISCA FOUNDATON ELEMENTARY SCHOOL	ELEMENTARY EDUCATION	1994	2000		2000	PRINCIPAL'S LIST
SECONDARY	PNHS	SECONDARY EDUCATION	2000	2005		2005	
VOCATIONAL /	ACEDILLA TECHNOLOGY INSTITUTE	HOUSEKEEPING NCII	JULY 2019	OCT. 2019		2019	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN HOTEL, RESTAURANT AND TOURISM MANAGEMENT	2005	2016		2016	
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 6, 2023
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#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	January 6, 2023	
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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		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To (mm/dd/yyyy)		

(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		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To (mm/dd/yyyy)			
ISO 9001:2015 AWARENESS/ RE-AWARENESS	AUG.30, 2022	AUG.31, 2022			VISAYAS STATE UNIVERSITY
HAND-ONLY CARDIOPULMONARY RESUSCITATION	JULY 21, 2022	JULY 22, 2022			VISAYAS STATE UNIVERSITY
ISO 9001:2015 AWARENESS/ RE-AWARENESS WEBINAR	SEPT. 13, 2021	SEPT. 13, 2021			VISAYAS STATE UNIVERSITY
REINFORCING COMPETENCIES OF EASTERN VISAYAS TOURISM PLAYERS: FRONT OFFICE OPERATIONS UNDER THE NEW NORMAL	MARCH 26, 2021	MARCH 26, 2021	6.0		DEPARTMENT OF TOURISM REGION 8
DOCUMENT TRACKING SYSTEM	NOV. 13, 2020	NOV. 13, 2020	3.0		VISAYAS STATE UNIVERSITY
REASSESSING HOUSEKEEPING PRACTICES DURING PANDEMIC: AN APPROACH TO PROTECTING TOURISM STAKEHOLDERS	AUG. 26, 2020	AUG. 28, 2020	6.0		DEPARTMENT OF TOURISM REGION 8
REINFORCING COMPETENCIES: HEALTH AND SAFETY GUIDELINES GOVERNING THE OPERATIONS OF ACCOMMODATION ESTABLISHMENTS UNDER THE NEW NORMAL	JULY 28, 2020	JULY 28, 2020	4.0		DEPARTMENT OF TOURISM REGION 8
INFECTION PREVENTION AND CONTROL: CLEANING, DISINFECTION AND HYGIENE IN TOURISM HOSPITALITY FACILITIES	JULY 8, 2020	JULY 9, 2020	6.0		DEPARTMENT OF TOURISM REGION 8
SEMINAR ON HOSPITALITY INDUSTRY SYSTEMS: POINT-OF-SALES AND PROPERTY MANAGEMENT SYSTEM	NOV. 16, 2019	NOV. 16, 2019			VISAYAS STATE UNIVERSITY
HOUSEKEEPING NCII	JULY 2019	SEPT 2019	436.0		ACEDILLA TECHNOLOGY INSTITUTE
RE-ORIENTATION ON FRONT OFFICE AND HOUSEKEEPING SERVICES	OCT. 10, 2018	OCT. 10, 2018	4.0		VISAYAS STATE UNIVERSITY
EFFECTIVE CUSTOMER SERVICE TRAINING	JAN. 24, 2018	JAN. 24, 2018	8.0		TOURISM OFFICE BAYBAY CITY
VIDEO PRODUCTION AND PROMOTIONAL MATERIAL SEMINAR	AUG. 3, 2013	AUG. 3, 2013	4.0		VISAYAS STATE UNIVERSITY
HOSPITALITY AND TOURISM EDUCATION: AN OPPORTUNITY FOR ADVANCE CONFERENCE	FEB. 23, 2013	FEB. 23, 2013	8.0		VISAYAS STATE UNIVERSITY
INDUSTRY PRACTICE	JUNE 2012	OCT. 2012	800.0		DEPARTMENT OF TOURISM- CAMIGUIN
FOOD ATTENDANT	JAN. 9, 2011	JAN. 12, 2011	15.0		APMC CATERING SERVICES
FRONT DESK OFFICER	FEB. 2, 2011	FEB. 5, 2011	20.0		HOSTEL
ROOM ATTENDANT	FEB. 20, 2011	FEB. 23, 2011	20.0		APARTELLE

(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)
SELLING		VSU SHOTS VSU Student Organization
COOKING		

(Continue on separate sheet if necessary)

SIGNATURE	DATE	January 6, 2023
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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? No  
b. within the fourth degree (for Local Government Unit - Career Employees)? No

If YES, give details:  
\_\_\_\_\_

35. a. Have you ever been found guilty of any administrative offense? No  
  
b. Have you been criminally charged before any court? No

If YES, give details:  
\_\_\_\_\_  
  
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? 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?

If YES, give details:  
\_\_\_\_\_

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? No  
  
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?

If YES, give details: \_\_\_\_\_  
  
If 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 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? No  
c. Are you a solo parent? No

If YES, please specify: \_\_\_\_\_  
  
If YES, please specify ID No: \_\_\_\_\_  
  
If YES, please specify ID No: \_\_\_\_\_

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

NAME	ADDRESS	TEL. NO.
ALICIA M. FLORES	VISAYAS STATE UNIVERSITY	0917-634-1430
FRANCISCO G. GABUNADA	VISAYAS STATE UNIVERSITY	0917-532-2196
DOREEN B. ALBA	VISAYAS STATE UNIVERSITY	0926-801-4558

42.



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

Government Issued ID: Driver's License

ID/License/Passport No.: H12-19-002514

Date/Place of Issuance: BAYBYA CITY

Signature (Sign inside the box)

1-6-2023

Date Accomplished

Right Thumbmark

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

Person Administering Oath