Revised 2017

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. 1. CS ID No. (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes () and use separate sheet if necessary, Indicate N/A if not applicable. DO NOT ABBREVIATE. PIAMONTE 2. SURNAME NAME EXTENSION (JR., SR) FIRST NAME RAIZEL MIDDLE NAME MEANO 3. DATE OF BIRTH 05/03/1998 16. CITIZENSHIP **FILIPINO** (mm/dd/yyyy) BRGY. PANGASUGAN BAYBAY CITY, 4. PLACE OF BIRTH If holder of dual citizenship Pls. indicate country: LEYTE please indicate the details FEMALE 5. SEX 17. RESIDENTIAL ADDRESS MARRIED 6 CIVIL STATUS House/Block/Lot No. Street PANGASUGAN Subdivision/Village Barangay **BAYBAY CITY** LEYTE 7. HEIGHT (m) 1.59 City/Municipality Province 06521 8. WEIGHT (kg) 79 7IP CODE 18. PERMANENT ADDRESS 9. BLOOD TYPE 0 House/Block/Lot No Street **PANGASUGAN** 10. GSIS ID NO. Subdivision/Village Barangay BAYBAY CITY LEYTE 1212-1482-8050 11. PAG-IBIG ID NO City/Municipality Province 13-025317502-9 ZIP CODE 06521 12. PHILHEALTH NO. 06-4343455-7 19. TELEPHONE NO N/A 13. SSS NO. 14. TIN NO. 0977 244 9986 477-786-280 20. MOBILE NO. 21. E-MAIL ADDRESS (if any) raizel.piamonte@vsu.edu.ph 15. AGENCY EMPLOYEE NO. N/A FAMILY BACKGROUND DATE OF BIRTH (mm/dd/yyyy) PIAMONTE 23. NAME of CHILDREN (Write full name and list all) 22 SPOUSE'S SURNAME NAME EXTENSION (JR., SR) Aug. 14, 2023 XANDER UZIEL M. PIAMONTE FIRST NAME PATRICK JOHN Jan. 07, 2022 BELARMINO XAVIER UZIEL M. PIAMONTE MIDDLE NAME LABORATORY TECHNICIAN **EDUARD DUANE M. CAMINONG** Aug. 3, 2004 OCCUPATION EMPLOYER/BUSINESS NAME VISAYAS STATE UNIVERSITY VISCA, BAYBAY CITY, LEYTE BUSINESS ADDRESS TELEPHONE NO. 9261272386 MEANO FATHER'S SURNAME NAME EXTENSION (JR., SR) FIRST NAME **EDUARD** MODINA MIDDLE NAME ASODISEN 25. MOTHER'S MAIDEN NAME MEANO SURNAME FIRST NAME **LUNA NGUYEN** (Continue on separate sheet if necessary) **DELOS REYES** MIDDLE NAME EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE 26. NAME OF SCHOOL YEAR **ACADEMIC** UNITS EARNED LEVEL GRADUATED HONORS (Write in full) (Write in full) (if not graduated) RECEIVED From To PRINCIPAL'S **ELEMENTARY EDUCATION** 1994 2000 2000 VISCA FOUNDATON ELEMENTARY SCHOOL ELEMENTARY LIST SECONDARY EDUCATION 2005 2005 PNHS 2000 SECONDARY VOCATIONAL / OCT. 2019 2019 ACEDILLA TECHNOLOGY INSTITUTE HOUSEKEEPING NCII **JULY 2019** TRADE COURSE BACHELOR OF SCIENCE IN HOTEL, RESTAURANT AND 2016 2016 2005 COLLEGE VISAYAS STATE UNIVERSITY TOURISM MANAGEMENT GRADUATE STUDIES N/A 1-15-24 DATE SIGNATURE

IV. CIVIL SE	ERVICE ELIGIE	BILITY						Carl Water Palace	
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING DATE OF		PLACE OF EXAMINATION / CONFERMENT			LICENSE (if ap	
			(If Applicable)	EXAMINATION / PLACE OF EXAMINATION / CONF		TION OON EI	VAICIAI	NUMBER	Date of Validity
CIVIL SERVICE EXAMINATION (SUB-PROFESSIONAL)			81.39	29/04/2021	PALO, LEYTE			RO8-20210629- 004	N/A
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THE PROPERTY OF THE PARTY OF TH	te employment.	Start from your recent	work) Description	of duties should be	indicated in the attached	l Work Expe	ience sheet.		
(mr	n/dd/yyyy)	POSITION TI (Write in full/Do not a		DEPARTMENT / AGENCY / OFFICE (Write in full/Do not abbrevi		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
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. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERN	MENT / PEOPLE / VO	LUNTARY O	RGANIZATION	/ \$		
9. NAME & ADDRESS OF ORGANIZATION		INCLUSIVE DATES		POSITION / NATURE OF WORK		
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II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAIN tart from the most recent L&D/training program and include only the relevant L&D/training to			Executive/Manager	ial positions)		
		DATES OF		Type of LD		
 TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAI (Write in full) 	MS ATTEN (mm/d	DANCE d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
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dS Software Onboarding	Dec. 6, 2023 NOV. 29, 2023	Dec. 6, 2023 NOV. 29, 2023	8		VISAYAS STATE UNIVERSITY VISAYAS STATE UNIVERSITY	
asic Course Training for the Republic Act No.: 9184 and its 2016 Revised Implem		AUG. 24, 2023	28		VISAYAS STATE UNIVERSITY	
ıles and Regulations O 9001:2015 Awareness/Re-awareness Webinart	AUG. 29, 2023	AUG. 29, 2023			VISAYAS STATE UNIVERSITY	
nal Instructions for the ISO Re-certification Audit O 9001:2015 AWARENESS/ RE-AWARENESS	FEB. 22 2023 AUG.301 2022	FEB. 22 2023 AUG.31, 2022			VISAYAS STATE UNIVERSITY VISAYAS STATE UNIVERSITY	
		JULY 22, 2022	The state of		VISAYAS STATE UNIVERSITY	
AND-ONLY CARDIOPULMONARY RESUSCITATION						
O 9001:2015 AWARENESS/ RE-AWARENESS WEBINAR	SEPT. 13, 2021	SEPT. 13, 2021			VISAYAS STATE UNIVERSITY	
EINFORCING COMPETENCIES OF EASTERN VISAYAS TOURISM PLAYERS: FRO FFICE OPERATIONS UNDER THE NEW NORMAL	NT MARCH 26, 202	MARCH 26, 202	6.0		DEPARTMENT OF TOURISM REGION 8	
OCUMENT TRACKING SYSTEM	NOV. 13, 2020	NOV. 13, 2020	3.0		VISAYAS STATE UNIVERSITY	
EASSESSING HOUSEKEEPING PRACTICES DURING PANDEMIC: AN APPROACH	TO AUG. 26, 2020	AUG. 28, 2020	6.0		DEPARTMENT OF TOURISM REGION 8	
ROTECTING TOURISM STAKEHOLDERS EINFORCING COMPETENCIES: HEALTH AND SAFETY GUIDELINES GOVERNING	THE JULY 28, 2020	JULY 28, 2020	4.0		DEPARTMENT OF TOURISM REGION 8	
PERATIONS OF ACCOMMODATION ESTABLISHMENTS UNDER THE NEW NORM RECTION PREVENTION AND CONTROL: CLEANING, DISINFECTION AND HYGIE		JULY 9, 2020	6.0		DEPARTMENT OF TOURISM REGION 8	
OURISM HOSPITALITY FACILITIES	3021 0, 2020	3021 3, 2020	0.0		DEPARTMENT OF FOOTION REGIONS	
EMINAR ON HOSPITALITY INDUSTRY SYSTEMS: POINT-OF-SALES AND PROPE	RTY NOV. 16, 2019	NOV. 16, 2019			VISAYAS STATE UNIVERSITY	
IANAGEMENT SYSTEM OUSEKEEPING NCII	JULY 2019	SEPT 2019	436.0		ACEDILLA TECHNOLOGY INSTITUTE	
RE-ORIENTATION ON FRONT OFFICE AND HOUSEKEEPING SERVICES	OCT. 10, 2018		San Carrier Harry		VISAYAS STATE UNIVERSITY	
FFECTIVE CUSTOMER SERVICE TRAINING	JAN. 24, 2018	JAN. 24, 2018	8.0		TOURISM OFFICE BAYBAY CITY	
TIDEO PRODUCTION AND PROMOTIONAL MATERIAL SEMINAR	AUG. 3, 2013	AUG. 3, 2013	4.0		VISAYAS STATE UNIVERSITY	
IOSPITALITY AND TOURISM EDUCATION: AN OPPORTUNITY FOR ADVANCE	FEB. 23, 2013	FEB. 23, 2013	8.0		VISAYAS STATE UNIVERSITY	
CONFERENCE NDUSTRY PRACTICE	JUNE 2012	OCT. 2012	800.0		DEPARTMENT OF TOURISM- CAMIGUIN	
FOOD ATTENDANT	JAN. 9, 2011	JAN. 12, 2011	15.0		APMC CATERING SERVICES	
					and the second s	
RONT DESK OFFICER	FEB. 2, 2011				HOSTEL	
ROOM ATTENDANT	FEB. 20, 2011	FEB. 23, 2011			APARTELLE	
VIII. OTHER INFORMATION	Committee on Separate	7 II 115 G3581				
	NON-ACADEMIC DIST	INCTIONS / RECO	GNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
31. SPECIAL SKILLS and HOBBIES 32.		ite in full)			33. (Write in full)	
BASIC COMPUTER SKILLS			- 1		VSU SHOTS VSU Student Organization	
TYPING	TOTAL TOTAL STATE OF				some a some of the state of the	
VERBAL AND WRITTEN COMMUNICATION					and the state of t	
SKILLS ORGANIZATIONAL SKILLS		-				
TIME-MANAGEMENT SKILLS						

34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate Bureau or Department where you will be approinted, a. within the third degree? No					
	b. within the fourth degree (for Local Government Unit - Care	er Employees)? No	If YES, give details:			
25	a. Have you ever been found guilty of any administrative offer	nee? No				
30.	a. Have you ever been found guilty or any authinistrative one	1166: 110	If YES, give details:			
	b. Have you been criminally charged before any court? No	If YES, give details: Date Filed: Status of Case/s:				
	Have you guest been consisted of any prime or violation of any	ulan dansa ada aan aan dalaa bi	_			
36.	Have you ever been convicted of any crime or violation of any any court or tribunal? No	If YES, give details:				
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fir in the public or private sector?	If YES, give details:				
38.	a. Have you ever been a candidate in a national or local elect	tion held within the last year (except				
	Barangay election)? No	The William State Control of the Con	If YES, give details:			
	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 or		If YES, give details:			
39.	Have you acquired the status of an immigrant or permanent re	If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magrand (c) Solo Parents Welfare Act of 2000 (RA 8972), please a		- 40.19 42 42 42	Ly Treat State of the or the		
a.	Are you a member of any indigenous group?	7 7 7 1 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1	If YES, please specify:			
b.	Are you a person with disability? No	If YES, please specify ID No:				
C.	Are you a solo parent? 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.	I declare under oath that I have personally accomplished this complete statement pursuant to the provisions of pertinent law Philippines. I authorize the agency head/authorized represent agree that any misrepresentation made in this document and administrative/criminal case/s against me.	ws, rules and regulations of the Republic o ative to verify/validate the contents stated	of the			
	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	200 300 10 2000 200				
G	overnment Issued ID: Driver's License	lun				
ID/License/Passport No.: H12-19-002514 Signature (Sign inside the bo			oxl			
Date/Place of Issuance: BAYBYA CITY Signature (sign inside the Ins			Right Thumbmark			
_	AUGGORIEFO MIS SWIFT		46 NASA 22 NASA 22 2			
	SUBSCRIBED AND SWORN to before me this	affiant exhibi	ting his/her validly issued gover	nment ID as indicated above.		
		Person Administering Oat	h			