

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases 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.

CS Form

(Do not fill up for CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	OQUIAS		
FIRST NAME	LIZA MAE	NAME EXTENSION (Jr., Sr.)	
MIDDLE NAME	SANCHEZ		
3. DATE OF BIRTH (mm/dd/yyyy)	September 30, 1999	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Babay City	If holder of dual citizenship, please indicate the details.	
5. SEX	☐ Male ☒ Female		
6. CIVIL STATUS	☒ Single ☐ Married ☐ Widowed ☐ Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. PUKOK 1 Street Subdivision/Village GABAS City/Municipality BAYDAY Province LEYTE
7. HEIGHT (m)	1.57	18. PERMANENT ADDRESS	House/Block/Lot No. PUKOK 1 Street Subdivision/Village GABAS City/Municipality BAYDAY Province LEYTE
8. WEIGHT (kg)	50	19. TELEPHONE NO.	NA
9. BLOOD TYPE	O	20. MOBILE NO.	09504970259
10. GSIS ID NO.	NA	21. E-MAIL ADDRESS (if any)	lizamacoquias@gmail.com
11. PAG-IBIG ID NO.	122290015865		
12. PhilHEALTH NO.	13-252625337-6		
13. BSS NO.	35-3238437-2		
14. TIN NO.	NA		
15. AGENCY EMPLOYEE NO.	NA		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (Jr., Sr.)	NA	NA
MIDDLE NAME	NA			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	OQUIAS			
FIRST NAME	ISABELO	NAME EXTENSION (Jr., Sr.)	JR	
MIDDLE NAME	RAPOLES			
25. MOTHER'S MAIDEN NAME	PELISA BAYROQUEZ SANCHEZ			
SURNAME	SANCHEZ			
FIRST NAME	PELISA			
MIDDLE NAME	BAYROQUEZ			

(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)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	GABAS CENTRAL SCHOOL		2010	2012		2012	With Honor
SECONDARY	BAYDAY NATIONAL HIGH & BAYDAY CITY SENIOR HIGH	Accountancy, Business Management	2012	2018		2018	With High Honor
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	VISAYAS STATE UNIVERSITY	Bachelor of Science in Agriculture	2018	2022		2022	Cum Laude
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA

(Continue on separate sheet if necessary)

SIGNATURE

[Signature]

DATE

8/22/2023

[illegible]

V. WORK EXPERIENCE

[illegible]

5/22/2023

VOLUNTARY WORK OR INVOLVEMENT IN CIVIC, NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

[illegible]

(Continue on separate sheet if necessary)

IV. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Training Program Title	
2. Training Program Description	
3. Training Program Dates	
4. Training Program Location	
5. Training Program Sponsor	
6. Training Program Facilitator	
7. Training Program Objectives	
8. Training Program Results	
9. Training Program Evaluation	
10. Training Program Feedback	
11. Training Program Follow-up	
12. Training Program Summary	
13. Training Program Notes	
14. Training Program Comments	
15. Training Program Signature	
16. Training Program Date	
17. Training Program Version	
18. Training Program Page	
19. Training Program Total Pages	
20. Training Program Page Number	
21. Training Program Page Count	
22. Training Program Page Size	
23. Training Program Page Orientation	
24. Training Program Page Margin	
25. Training Program Page Header	
26. Training Program Page Footer	
27. Training Program Page Number	
28. Training Program Page Count	
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30. Training Program Page Orientation	
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33. Training Program Page Footer	
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56. Training Program Page Count	
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110. Training Program Page Footer	
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112. Training Program Page Count	
113. Training Program Page Size	
114. Training Program Page Orientation	
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117. Training Program Page Footer	
118. Training Program Page Number	
119. Training Program Page Count	
120. Training Program Page Size	
121. Training Program Page Orientation	
122. Training Program Page Margin	
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124. Training Program Page Footer	
125. Training Program Page Number	
126. Training Program Page Count	
127. Training Program Page Size	
128. Training Program Page Orientation	
129. Training Program Page Margin	
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131. Training Program Page Footer	
132. Training Program Page Number	
133. Training Program Page Count	
134. Training Program Page Size	
135. Training Program Page Orientation	
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138. Training Program Page Footer	
139. Training Program Page Number	
140. Training Program Page Count	
141. Training Program Page Size	
142. Training Program Page Orientation	
143. Training Program Page Margin	
144. Training Program Page Header	
145. Training Program Page Footer	
146. Training Program Page Number	
147. Training Program Page Count	
148. Training Program Page Size	
149. Training Program Page Orientation	
150. Training Program Page Margin	
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152. Training Program Page Footer	
153. Training Program Page Number	
154. Training Program Page Count	
155. Training Program Page Size	
156. Training Program Page Orientation	
157. Training Program Page Margin	
158. Training Program Page Header	
159. Training Program Page Footer	
160. Training Program Page Number	

[illegible][illegible]

Continue on separate sheet if necessary.

SIGNATURE	<i>[Signature]</i>	DATE	8/12/2023
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34. Are you related by consanguinity or affinity to the appointing or recommending authority or to 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)?

35. a. Have you ever been found guilty of any administrative offense?

b. Have you been criminally charged before any court?

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

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?

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?

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

a. Are you a member of any indigenous group?

b. Are you a person with disability?

c. Are you a solo parent?

41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)		
NAME	ADDRESS	TEL. NO.
Mr. BRK Liza O. Lacquiter	Brgy. Gabas	0936842473
Joy Vee Aspin	Brgy. Bising	09257768703

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, ONS, ISS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government issued ID: National ID

ID/License/Passport No.: 2509-5290-1254-0271

Date/Place of Issuance: City of Baguio, Igo

Signature (Sign inside the box)

Date Accomplished: 8/12/2013



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

Person Administering Oath