

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	MARTIREZ		
FIRST NAME	MELVINCE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ROM		
3. DATE OF BIRTH (mm/dd/yyyy)	05/14/95	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street GUDALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.61	ZIP CODE	6521
8. WEIGHT (kg)	95		
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS	House/Block/Lot No. Street GUDALUPE Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	12184039355		
12. PHILHEALTH NO.	13-025562580-3		
13. SSS NO.	35-0317844-9	19. TELEPHONE NO.	N/A
14. TIN NO.	491284015	20. MOBILE NO.	09513598314
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	melvince.martirez@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MARTIREZ		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CARIN	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	BORJA			
OCCUPATION	TRAINING ASSISTANT (COS)			
EMPLOYER/BUSINESS NAME	ATI-RTC 8			
BUSINESS ADDRESS	VSU, BAYBAY			
TELEPHONE NO.	9480046624			
24. FATHER'S SURNAME	MARTIREZ			
FIRST NAME	VICENTE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CODOG			
25. MOTHER'S MAIDEN NAME	MARIA MELBA CORDOVA ROM			
SURNAME	MARTIREZ			
FIRST NAME	MARIA MELBA			
MIDDLE NAME	ROM		(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	GUDALUPE ES	BASIC EDUCATION	06/01/2003	06/01/2008	6th grade	2008	1ST HONORABLE
SECONDARY	BAYBAY NHS	SPECIAL PROGRAM IN THE ARTS	06/01/2008	06/01/2012	4th year	2012	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRICULTURE	06/01/2012	06/01/2016	4th year	2016	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS IN PLANT PATHOLOGY	06/01/2016	07/03/2023	43 units	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

January 19, 2024

IV. CIVIL SERVICE ELIGIBILITY						
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	(CSC) HONOR GRAUATE ELIGIBILITY	N/A	N/A	CSC VIII, PALO, LEYTE	100108160516	01/04/2016
	(PRC) AGRICULTURIST	79.8	OCT. 19-21,2016	TACLOBAN CITY, LEYTE	0031664	05/14/2026
	DRIVERS LICENSE	N/A	N/A	BAYBAY CITY, LEYTE	H12-16-002794	05/14/2024

(Continue on separate sheet if necessary)


V. WORK EXPERIENCE




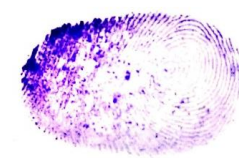
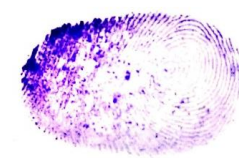
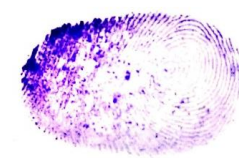
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 19, 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)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
	PhilFruits Association, Inc.	10/04/2023	10/04/2024	1 yr	MEMBER	
(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 (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	SUC-ACAP Biennial Conference and General Assembly	12/06/2023	12/07/2023	16.0	Technical	SUC-ACAP Inc.
	Intensive Licensure Examination for Agriculturist Review (Review Master)	11/10/2023	11/10/2023	8.0	Technical	Eastern Visayas State University
	30th National Fruit Symposium	10/03/2023	10/05/2023	24.0	Technical	PhilFruits Association, Inc.
	Licensure Examination for Agriculturists (Review Master)	09/04/2023	10/11/2023	16.0	Technical	Visayas State University - Review Center
	Training on Cluster Development Plan Preparation (F2C2 Phase 2)	07/24/23	07/26/23	24.0	Technical	Agricultural Training Institute - Regional Training Center 8
	Training of Trainers on Cluster Development	05/15/2023	05/19/2023	40.0	TECHNICAL	Agricultural Training Institute - Regional Training Center 8
	Coconut Specialist Training Course	03/06/2023	03/17/2023	5.0	TECHNICAL	Agricultural Training Institute - Regional Training Center 8
	Argo-Enterprise Clustering Approach Workshop F2C2 Program	10/18/2022	10/26/2022	40.0	TECHNICAL	Agricultural Training Institute - Regional Training Center 8
	"Agro-entrepreneurship for Inclusive Value Chains: Intermediate Course"	7/22/22	09/08/2022	20.0	TECHNICAL	JOLIBEE GROUP FOUNDATION AND XAVIER UNIVERSITY-ATENEO DE CAGAYAN
	"Agro-entrepreneurship for Inclusive Value Chains: An Introduction"	03/18/2022	04/28/2022	35.0	TECHNICAL	JOLIBEE GROUP FOUNDATION AND XAVIER UNIVERSITY-ATENEO DE CAGAYAN
	KASABAlitang Food Safety at Quality	9/15/22	9/15/22	5.0	TECHNICAL	Bureau of Agriculture and Fisheries Standards
	HALAL STANDARDS FROM FEEDS TO SLAUGHTER	05/05/2022	05/05/2022	3.0	TECHNICAL	Bureau of Agriculture and Fisheries Standards
(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)		
	PAINTING	N/A		N/A		
	TRAVELLING					
	PUBLIC SPEAKING					
	COMPUTER LITERATE					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	January 19, 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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</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><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> 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: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. MANUEL K. PALOMAR</td> <td>BAYBAY CITY, LEYTE</td> <td>9161573478</td> </tr> <tr> <td>Dir. ANDREW RODOLFO T. ORAIS</td> <td>DA-RFO 8, TACLOBAN CITY, LEYTE</td> <td>9399755929</td> </tr> <tr> <td>Hon. JOSE A. ESPINOSA</td> <td>BAYBAY CITY, LEYTE</td> <td>9192866826</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. MANUEL K. PALOMAR	BAYBAY CITY, LEYTE	9161573478	Dir. ANDREW RODOLFO T. ORAIS	DA-RFO 8, TACLOBAN CITY, LEYTE	9399755929	Hon. JOSE A. ESPINOSA	BAYBAY CITY, LEYTE	9192866826
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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>													
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													