

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 () ☐ 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	PITOGO		
FIRST NAME	HEZIEL MAE JOY		NAME EXTENSION (JR., SR)
MIDDLE NAME	NAJARRO		
3. DATE OF BIRTH (mm/dd/yyyy)	02-18=1987	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	CEBU CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	CHRISTIAN LIFE CENTER PUROK 2 House/Block/Lot No. Street GABAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.50	ZIP CODE	6521
8. WEIGHT (kg)	55		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	CHRISTIAN LIFE CENTER PUROK 2 House/Block/Lot No. Street GABAS Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	121332322605		
12. PHILHEALTH NO.	13-250768684-6		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	718-664-059-000	20. MOBILE NO.	09455595425
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	heziel.pitogo@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	PITOGO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ABEL	NAME EXTENSION (JR., SR)	JAZZER MEEK N. PITOGO	10-14-2008
MIDDLE NAME	ROMO		JAHZEEL MYRRH N. PITOGO	02-24-2010
OCCUPATION	MINISTER		SINAI N. PITOGO	05-20-2015
EMPLOYER/BUSINESS NAME	CHRISTIAN LIFE CENTER		SHALOM N. PITOGO	02-27-2023
BUSINESS ADDRESS	PUROK 2, GABAS, BAYBAY CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	NAJARRO			
FIRST NAME	NOEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BAGASLAO			
25. MOTHER'S MAIDEN NAME				
SURNAME	MARGIN			
FIRST NAME	WELHILDA			
MIDDLE NAME	LABUGA		(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	BUTUAN CENTRAL ELEMENTARY SCHOOL	ELEMENTARY EDUCATION (GRADE 1-6)	01/06/1993	01/04/2000		2000	1ST HON. MENTION
SECONDARY	AGUSAN NATIONAL HIGH SCHOOL - SCIENCE HIGH	SECONDARY EDUCATION	01/06/2000	01/04/2004		2004	13TH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF ARTS IN ENGLISH LANGUAGE STUDIES	01/08/2019	03/08/2023		2023	CONSISTENT PRESIDENT'S HONOR
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 1, 2024
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

<i>(Continue on separate sheet if necessary)</i>							
SIGNATURE				DATE	JULY 1, 2024		

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	BALUGO CHRISTIAN COMMUNITY CHURCH, BALUGO, ALBUERA, LEYTE	03/05/2023	08/27/2023	2/WEEK	CHILDREN'S MINISTRY IN-CHARGE
	BALUGO CHRISTIAN COMMUNITY CHURCH, BALUGO, ALBUERA, LEYTE	03/05/2023	08/27/2023	2/SUNDAYS	DISCIPLESHIP AND MENTORING
	CHRISTIAN LIFE CENTER, GABAS, BAYBAYCITY, LEYTE	11/05/2023	PRESENT	SUNDAYS	CHILDREN'S MINISTRY


(Continue on separate sheet if necessary)


VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(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)
EXCEPTIONAL ENGLISH WRITING SKILLS	N/A	BAYBAY WRITERS COLLECTIVE
NOTE-TAKING/TRANSCRIPTION	N/A	
CALLIGRAPHY, LETTERING, & ART	TOMBOW COLORS OF JAPAN CALLIGRAPHY ART PARTICIPANT	
(Continue on separate sheet if necessary)		
SIGNATURE		DATE
		JULY 1, 2024

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? b. within the fourth degree (for Local Government Unit - Career Employees)?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div>	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
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?	<div><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If YES, give details: _____ Finished contracts for both public and private sectors</div>	
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?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>	
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? c. Are you a solo parent?	<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES. please specifv ID No: _____</div>	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
DEBORAH LYNN B. MORANTTE	PATAG, BAYBAY CITY, LEYTE	09394388972
QUEEN-EVER Y. ATUPAN	VISCA, BAYBAY CITY, LEYTE	09955181566
JANE B. AUSTRIA	NAGA CITY, CEBU	09981615652
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.		<div></div> <div>PHOTO</div>

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

Government Issued ID: **3156-38-91-4396-0132**

ID/License/Passport No.: **N/A**

Date/Place of Issuance: **BALUGO, ALBUERA, LEYTE**



Signature (Sign inside the box)

JULY 1, 2024

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